R	EISSUED a	Employee's socia	•			Safe, Accurate	e,	WHIO.	Visit the	IRS Website	
ST	ATEMENT	36	59-11-4129	OMB N	o. 1545-0	0008 FAST! Use		≁file >	at www.ii	rs.gov/efile.	
b Employ	er identification number				1	Wages, tips, other compensati	ion	2 Federa	l income tax	withheld	
5	51-8216221					204985.28			67754.65		
c Employ	er's name, address, and ZIF	code			3 Social security wages			4 Social security tax withheld			
Smith Group LLC					178238.43			13635.24			
2305 Albert Terrace Suite 851					5 Medicare wages and tips			6 Medicare tax withheld			
Denisefort NH 10932-6017						160106.85		4643.1			
Deniseror NA 10932-0017					7 Social security tips			8 Allocated tips			
					178238.43			160106.85			
d Control					9 Advance EIC payment			10 Dependent care benefits			
5	592306								134		
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
		6 1			204			D 7925			
F	Melissa Crawford 38564 Hannah Ford Suite 406				13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)			12b			
3								н 709			
Sanchezside NE 00687-8848								12c	<u>. </u>		
								455			
								12d			
									785		
f Employ	ee's address and ZIP code								, 03		
15 State	Employer's state ID num	ber	16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, tips, etc.	19	Local income tax	:	20 Locality name	
WV	849-07-	187	104142.49	8072.73		164777.34	23	3205.65		Hughes Squares	
NJ	036-79-	·929	110432.49	7608.36		160862.05	37	7344.52		Cole Squares	
			I.	1			1 -				

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

R	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are re										
ST	STATEMENT 369-11-4129 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.								e imposed on you if		
b Employ	er identification number				Wages, tips, other compensation			2 Federal income tax withheld			
51-8216221					204985.28			67754.65			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Smith Group LLC					178238.43			13635.24			
2305 Albert Terrace Suite 851 Denisefort NH 10932-6017					5 Medicare wages and tips			6 Medicare tax withheld			
					160106.85			4643.1			
					7 Social security tips			8 Allocated tips			
						178238.43			160106.85		
d Contro	number				9 Advance EIC payment			10 Dependent care benefits			
!	592306							134			
e Employ	ee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12			
1	Melissa Crawford				204 13 Statutory Retirement Third-party			D 7925			
	38564 Hannah Ford Suite 406				emp	loyee plan sick pay		н	709		
	Sanchezside NE 00687-8848				14 Other (see enclosed Notice to Employee)			12c			
								455			
								12d			
								785			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						18 Local wages, tips, etc.	40.1-	cal income tax		20 Locality name	
			16 State wages, tips, etc.			9				,	
WV	849-07	1-T8,	104142.49	8072.73	164777.34 2		232	23205.65		Hughes Squares	
NJ	036-79	9-929	110432.49	7608.36		160862.05	373	844.52		Cole Squares	

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

