REISSUED a Employee's socia	•		Safe, Accurate,			Visit the IRS Website					
STATEMENT 16	66-47-9363	OMB No	o. 1545-00	008 FAS	Γ! Use	G~I	le	at www.i	rs.gov/efile.		
b Employer identification number		·	1 V	Vages, tips, other	compensation	2	Federa	l income tax	x withheld		
01-2062955				233800.89				31163.59			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Mitchell-Fernandez Ltd			213315.7				16318.65				
8530 Jonathan Club			5 Medicare wages and tips				6 Medicare tax withheld				
Down Throng OH 1400F F170			301991.11				8757.74				
Port Tracy OH 14925-5178			7 Social security tips				8 Allocated tips				
			213315.7				301991.11				
d Control number			9 A	dvance EIC payn	nent	10	Depend	dent care be	enefits		
4230866								222			
e Employee's first name and initial Last name)		11 N	lonqualified plans		12a	See in:	structions	for box 12		
			202				6594				
Stacy Smith			13 Statu			12b		1			
7715 Bailey Extensions			empl	oyee plan	sick pay			225			
Leonberg MN	42043-7294		14 (Other (see enclose	ed Notice to Employ	yee) 12c		i			
	12010 /201						E	453			
							12d				
							н	884			
f Employee's address and ZIP code								004			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages	, tips, etc.	19 Local in	come tax	(20 Locality name		
OK 353-32-006	K 353-32-006 116856.24 12039.5		243376.01 3		39534	39534.03		Barnes Divide			
MS 595-42-698	127963.34	7405.97		214139.	98	41778	3.43		Zimmerman Circle		

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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.

REIS	SUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATE	EMENT	16	66-47-9363	OMB N	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.						
b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld				
01-2062955				233800.89			31163.59				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Mitchell-Fernandez Ltd				213315.7			16318.65				
8530 Jonathan Club			5 Medicare wages and tips			Medicare tax withheld					
Port Tracy OH 14925-5178			301991.11			8757.74					
			7 Social security tips			8 Allocated tips					
				213315.7			301991.11				
d Control number	er				9 A	dvance EIC payment		10 Depend	lent care be	enefits	
423	0866								222		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Stacy Smith			202			6594					
			13 Statut emplo			12b	ı				
7715 Bailey Extensions				X			225				
Lec	nberg	MN	42043-7294		14 C	other (see enclosed Notice to Employ	ree)	12c			
								E	453		
							F	12d			
									004		
							L	H	884		
1 7 7 7 7 7 7	ddress and ZIP coo		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1	ocal income tax		20 Locality name	
			9			5					
OK	353-32	-006	116856.24	12039.5		243376.01	39	534.03		Barnes Divide	
MS	595-42	-698	127963.34	7405.97		214139.98	41	778.43		Zimmerman Circle	

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

