REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website					IRS Website		
STATEMENT	0:	LO-47-0741	OMB N	o. 1545-0	008 FAST! U	se	5~ III	le)	at www.i	rs.gov/efile.	
b Employer identification number				1	Wages, tips, other com	pensation	2	Federal	income tax	withheld	
87-8739357					93464.45			21258.13			
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld			
Fischer-Fisher LLC				65479.52			5	5009.18			
881 Robin Orchard				5 Medicare wages and tips				6 Medicare tax withheld			
				82392.79				2389.39			
Danielville GA 32892-4740				7 Social security tips			8	8 Allocated tips			
					65479.52				8239	2.79	
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
8318589								143			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				269				G 6519			
Corey Reynolds				13 Statutory Retirement Third-party			12b				
621 Elizabeth Loop				employee plan sick pay				н 951			
South Tristan WA 70079-5586				14 Other (see enclosed Notice to Employee)			e) 12c				
									595		
			12d								
								G	315		
f Employee's address and ZIP co	ado.							G	313		
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips	, etc.	19 Local inc	ome tax		20 Locality name	
IA 999-1	3-838	47410.68	3824.21	119663.47 17807.32			Brandi Harbor				
										T	
ID 668-6	1-129	46195.61	4816.85		113478.43	3	14215	.03		Linda Manors	

Wage and Tax Statement

5070

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	01	LO-47-0741	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			Federal income tax withheld				
87-8739357				93464.45			21258.13				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Fischer-Fisher LLC				65479.52			5009.18				
881 Robin Orchard				5 Medicare wages and tips			6 Medicare tax withheld				
Danielville GA 32892-4740				82392.79			2389.39				
				7 Social security tips			8 Allocated tips				
				65479.52			82392.79				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
8318589							143				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Corey Reynolds				269			G 6519				
				13 Statutory Retirement Third-party			12b				
621 Elizabeth Loop				emple	pyee plan sick pay		н	951			
ozi ziriascon roop				14 (12c	701			
South Tristan WA 70079-5586				14 Other (see enclosed Notice to Employee)			595				
			12d								
f Employee's address and ZIP code							G	315			
15 State				18 Local wages, tips, etc. 19		19 I	Local income tax		20 Locality name		
IA	999-13	8-838	47410.68	3824.21		119663.47		.7807.32		Brandi Harbor	
							†			l	
ID	668-61	-129	46195.61	4816.85		113478.43	14	215.03		Linda Manors	

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

