REISSUED	a Employee's soci	•			Sa	fe, Accurate,	es a	zeilo.	Visit the	IRS Website		
STATEMENT	7	94-49-6788	OMB No	o. 1545-00	008 FA	ST! Use	G	file	at www.	irs.gov/efile.		
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld				
57-8520406				183023.22				32740.79				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Bruce, Austin and White and Sons				227280.02				17386.92				
3538 Derek Garden Apt. 938				5 Medicare wages and tips				6 Medicare tax withheld				
Guzmanberg KY 60485-7888				152201.77 7 Social security tips				4413.85 8 Allocated tips				
				227280.02				152201.77				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
9613338								117				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
				163				н 1517				
Bruce Smith			13 Statu emple		rement Third-party	'	12b	i				
590 Lauren Mews Suite 602					oyee plan	x sick pay			615			
West Judy DC 56718-2323					14 Other (see enclosed Notice to Employee)				i			
								G	969			
								12d	1			
								D	791			
f Employee's address and ZIP of	ode								· ·			
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wag	jes, tips, etc.	19 Lo	ocal income	ax	20 Locality name		
NM 400-9	7-743	100386.1	4562.88		184821	3	343	368.2		Ethan Corners		
KS 359-2	7-867	84382.03	4366.91	129604.97		263	26395.75		Scott Common			

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
SI	TATEMENT	79	94-49-6788	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 Emplo	yer identification number				1 V	Vages, tips, other compensation		2 Federal income tax withheld			
57-8520406					183023.22			32740.79			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Bruce, Austin and White and Sons					227280.02			17386.92			
3538 Derek Garden Apt. 938				5 Medicare wages and tips			6 Medicare tax withheld				
Guzmanberg KY 60485-7888				152201.77			4413.85				
				7 Social security tips			8 Allocated tips				
				227280.02			152201.77				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	9613338							117			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Bruce Smith			163			н 1517					
			13 Statutory Retirement Third-party			12b					
590 Lauren Mews Suite 602				emple X	pyee plan sick pay			615			
West Judy DC 56718-2323				14 Other (see enclosed Notice to Employee)			12c				
							G 969				
							12d				
								_			
							D 791				
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.	10.1	ocal income tax		20 Locality name		
						0				,	
NM	400-97	7-/43	100386.1	4562.88	184821.3		34.	34368.2		Ethan Corners	
KS	359-27	7-867	84382.03	4366.91		129604.97 26		6395.75		Scott Common	

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

