REISSUED a	EISSUED a Employee's social security number			Safe, Accurate,				IRS Website	
STATEMENT	473-98-8755	OMB No	o. 1545-00	08 FAST! Use	5	file	at www.i	rs.gov/efile.	
b Employer identification number			1 W	ages, tips, other compensation	:	2 Federa	l income tax	k withheld	
87-5832233				40731.84			8661.26		
c Employer's name, address, and ZIP	code		3 Social security wages			4 Social security tax withheld			
Smith-Webb LLC			34078.42			2607.0			
519 Karen Extension			5 Medicare wages and tips			6 Medicare tax withheld			
South Stacie VA 71554-5754				32359.64		938.43			
			7 S	ocial security tips	1	8 Allocated tips			
				34078.42			32359.64		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
8436103						112			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
			271			P 3520			
Rebecca Wilkins			13 Statutory Retirement Third-party employee plan sick pay			2b	i		
49464 Dustin Gateway			employee plan sick pay			G 691			
Markstad IL 82697-4333			Other (see enclosed Notice to Employee)			2c	1		
						P	581		
						12d			
						E	784		
f Employee's address and ZIP code									
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loca	al income tax	(20 Locality name	
AL 358-59-	772 20653.71	1945.31		45684.23	6618	Beverly Extens		Beverly Extensions	
DC 032-44-	196 20829.83	1832.51		47449.81	5703	3.82		Davis Gateway	

Wage and Tax

Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
_	TATEMENT	47	/3-98-8755	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	oyer identification number	I .		l .	1 V	Vages, tips, other compensation		2 Federal income tax withheld			
87-5832233				40731.84			8661.26				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Smith-Webb LLC				34078.42			2607.0				
519 Karen Extension				5 Medicare wages and tips			6 Medicare tax withheld				
				32359.64 7 Social security tips			938.43				
South Stacie VA 71554-5754			8 Allocated tips								
				34078.42			32359.64				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
8436103							112				
e Employee's first name and initial Last name			11 Nonqualified plans 1			12a See instructions for box 12					
Rebecca Wilkins			271			P 3520					
			13 Statutory Retirement Third-party			12b					
49464 Dustin Gateway			emplo	oyee plan sick pay		G	691				
_			14 C	Other (see enclosed Notice to Employ	ee)	12c	00-				
Markstad IL 82697-4333											
			P 581								
								12d	ı		
							E 784				
	oyee's address and ZIP coo									_	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		cal income ta	•	20 Locality name	
AL	358-59	9-772	20653.71	1945.31		45684.23	661	8.5		Beverly Extensions	
DC	032-44	-196	20829.83	1832.51		47449.81	570	3.82		Davis Gateway	

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

