REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website
STATEMENT 410-71-6475	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld
05-4166256	192585.19 20068.79
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld
Chavez, Smith and Campbell LLC	241692.57 18489.48
3940 Philip Crossroad	5 Medicare wages and tips 6 Medicare tax withheld
_	243099.58 7049.89
East Sharonfort MD 61474-4489	7 Social security tips 8 Allocated tips
	241692.57 243099.58
d Control number	9 Advance EIC payment 10 Dependent care benefits
371062	140
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12
	219 G 6361
Mike King	13 Statutory Retirement Third-party 12b
5457 Henderson Heights	employee plan sick pay 273
West Ericland WA 89774-3779	14 Other (see enclosed Notice to Employee) 12c
	344
	12d
	376
f Employee's address and ZIP code	376
	income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name
MN 749-41-222 101601.7 5418	.97 155566.86 20373.39 Hernandez Tunnel
MT 976-84-256 102072.29 6335	.32 159972.64 31758.87 Johnny Path

Wage and Tax

Statement Form W-2

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	l security numbe	er		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	TATEMENT	41	.0-71-64	75	ON	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						1 \	1 Wages, tips, other compensation				2 Federal income tax withheld		
05-4166256							192585.19				20068.79		
c Employer's name, address, and ZIP code						3 8	3 Social security wages			4 Social security tax withheld			
Chavez, Smith and Campbell LLC							241692.57			18489.48			
3940 Philip Crossroad						5 1	5 Medicare wages and tips			6 Medicare tax withheld			
East Sharonfort MD 61474-4489							243099.58				7049.89		
						7 5	7 Social security tips				8 Allocated tips		
							241692.57			243099.58			
d Control number						9 /	9 Advance EIC payment			10 Dependent care benefits			
371062											140		
e Emplo	yee's first name and initial	Last name				11	11 Nonqualified plans 12a See instructions for box 1				for box 12		
							219			G 6361			
	Mike King						13 Statutory Retirement Third-party						
5457 Henderson Heights						empl	employee plan sick pay				273		
	West Ericland WA 89774-3779					14 (ther (see enclos	ed Notice to Emplo	yee)	12c	i		
										344			
						12d							
									376				
	oyee's address and ZIP coo		Lancia		T. a				1.01			Lag I III	
15 State	Employer's state ID no		16 State wages		17 State income		18 Local wage	* *		ocal income tax		20 Locality name	
MN	749-41	L-222	101601.	. 7	5418.97		155566	. 86	20	373.39		Hernandez Tunnel	
мт	976-84	1-256	102072.	.29	6335.32		159972	. 64	31	758.87		Johnny Path	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

