KEIGGGED	ocial security number 141–39–6339	OMB N	o. 1545-0008	Safe, Accurate FAST! Use	e,	~file	Visit the IRS Website at www.irs.gov/efile.		
b Employer identification number 90-4284831				1 Wages, tips, other compensation 107904.92			2 Federal income tax withheld 31835.4		
c Employer's name, address, and ZIP code Smith-Anderson and Sons 29980 William Points Carolinebury RI 34199-8039			3 Social security wages			4 Social security tax withheld 8942.89 6 Medicare tax withheld 3457.7 8 Allocated tips			
d Control number 9495730			_	16900.55 nce EIC payment		10 Depend	119231.16 dent care benefits 148		
e Employee's first name and initial Last n Maria Austin 543 Cook Green	ame				rd-party c pay	12a See in E 12b D	4211 541		
North Brian (GA 44422-2403		14 Other	r (see enclosed Notice to	Employee)	12c	802		
15 State	16 State wages, tips, etc. 51815.59	17 State income tax 4021.78		Local wages, tips, etc.		Local income tax	20 Locality name Joseph Freeway		
TX 905-07-684	51415.55	4092.59	1:	24434.02	17	7346.57	James Drives		

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.

REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are require							
STATEMENT	14	1-39-6339	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				1 Wages, tips, other compensation			2 Federal income tax withheld			
90-4284831				107904.92			31835.4			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Smith-Anderson and Sons				116900.55			8942.89			
29980 William Points				5 Medicare wages and tips 119231.16			6 Medicare tax withheld 3457.7			
Carolinebury RI 34199-8039										
				7 Social security tips			8 Allocated tips			
				116900.55			119231.16			
d Control number				9	Advance EIC payment	,	10 Depend	ent care be	enefits	
9495730								148		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Maria Austin			265			E 4211				
543 Cook Green North Brian GA 44422-2403				13 Statutory Retirement Third-party employee plan sick pay X			D 541			
				14 Other (see enclosed Notice to Employee)			12c			
							348			
				!			12d			
								802		
f Employee's address and ZIP		46 64-4 4:4-	17 State income tax		I do lacelurace de esta	140.15	cal income tax		20 1	
, ,,, , , , , , , , , , , , , , , , , ,		16 State wages, tips, etc.			18 Local wages, tips, etc.				20 Locality name	
OH 913-2	26-509	51815.59	4021.78		78768.12	182	61.66		Joseph Freeway	
TX 905-0	07-684	51415.55	4092.59		124434.02	173	46.57		James Drives	

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

