REISSUED a Employee's social security number		Safe, Accurate,	so dila	Visit the IRS Website			
STATEMENT 455-94-1911	OMB No. 1545-0	008 FAST! Use	E-file	at www.irs.gov/efile.			
b Employer identification number	1	Wages, tips, other compensation	2 Federa	I income tax withheld			
06-7762289		213652.17	5929	59295.54			
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	4 Social security tax withheld			
Snyder, Harding and Montoya PLC		201583.12	1542	15421.11			
9875 Victoria Terrace	5	Medicare wages and tips	6 Medica				
Grossfurt NE 81314-7031		222040.62		6439.18			
Grossiurt NE 61314-7031	7	Social security tips	8 Allocat	- · · · · · · · · · · · · · · · · · · ·			
		201583.12		222040.62			
d Control number	9	Advance EIC payment	10 Depend	dent care benefits			
6243240		212					
e Employee's first name and initial Last name	11	Nonqualified plans	12a See in	12a See instructions for box 12			
_ , , ,		261		9319			
Frederick Carter	13 State		12b				
5471 Clements Parks	emp	loyee plan sick pay	н	643			
Port Aaron IL 02968-0859	14	Other (see enclosed Notice to Employ	yee) 12c	i			
			P	219			
			12d	12d			
			н	959			
f Employee's address and ZIP code							
15 StateEmployer's state ID number16 State wages, tips, etc.17 State	income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
CT 999-93-031 113671.35 5792	.48	219098.69	29892.3	Palmer Run			
KY 941-95-961 115954.2 7620	.51	216756.34	37106.01	Kimberly Ridges			

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	al security number		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	45	55-94-1911	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	b Employer identification number			•	Wages, tips, other compensation			2 Federal income tax withheld				
06-7762289				213652.17			59295.54					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Snyder, Harding and Montoya PLC				201583.12			15421.11					
9875 Victoria Terrace				5 Medicare wages and tips 222040.62			6 Medicare tax withheld 6439.18					
Grossfurt NE 81314-7031												
			7 Social security tips			8 Allocated tips						
				201583.12			222040.62					
d Contro	ol number				9	Advance EIC payment		10	Depend	ent care be	enefits	
6243240				212								
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box				for box 12					
Frederick Carter			261			9319						
			13 Stat			12b	i					
5471 Clements Parks				emp	loyee plan sick pay			Н	643			
Port Aaron IL 02968-0859				59	14	Other (see enclosed Notice to Employ	/ee)	12c				
FOIC RATOR II 02900-0039							P	219				
								12d	-	219		
									H	959		
	yee's address and ZIP coo		T .	1							1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax				20 Locality name				
CT	999-93	3-031	113671.35	5792.48		219098.69	29	892.	3		Palmer Run	
KY	941-95	5-961	115954.2	7620.51		216756.34	37	106.	01		Kimberly Ridges	

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

