F	REISSUED	a Employee's socia	•				Safe, Accura	ate,		A HILO	Visit the	IRS Webs	site
S	TATEMENT	06	8-49-7914	OMB I	No. 1545-	8000	FAST! Use		5~	file :	at www.	irs.gov/efil	е.
b Emplo	yer identification number				1	1 Wages, tips, other compensation				Federal income tax withheld			
46-2939469						227573.1				30351.43			
c Emplo	yer's name, address, and 2	ZIP code			3	3 Social security wages				4 Social security tax withheld			
Smith, Austin and Jones Inc						198143.73				15158.0			
66006 Marshall Village Williamsburgh VT 60266-7883					5	a.a.a nagaa ama apa				6 Medicare tax withheld			
						246748.18				7155.7			
					7 Social security tips					8 Allocated tips			
						198143.73				246748.18			
	ol number				9					enefits			
1665580										118			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
	Danielle Ashley 5669 Medina Harbor					150				3039			
						13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)				12b	1		
										959			
East Michaelshire ME 71063-0152					14					12c			
										н	111		
										12d			
										G	781		
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	, tips, etc. 17 State income tax		18 Local wages, tips, etc.		19 Lo	cal income	tax	20 Localit	y name	
SD	866-89	-548	119177.7	11747.14		279573.32 2		283	8346.32		Jesse	Freeway	
WV	749-83	-717	105056.84	10098.17		1823	42.21	:	266	18.0	9	Cole	Skyway

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								
S	TATEMENT	06	8-49-7914	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					Vages, tips, other compensation		2 Federal income tax withheld				
46-2939469						227573.1		30351.43				
c Employer's name, address, and ZIP code					3 S	ocial security wages		4 Social security tax withheld				
Smith, Austin and Jones Inc						198143.73		15158.0				
66006 Marshall Village Williamsburgh VT 60266-7883					5 N	ledicare wages and tips		6 Medicare tax withheld				
						246748.18		7155.7				
					7 S	ocial security tips		8 Allocated tips				
						198143.73		246748.18				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	1665580								118			
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12				
						150		3039				
	Danielle Ashley 5669 Medina Harbor					13 Statutory Retirement Third-party			12b			
						employee plan sick pay			959			
East Michaelshire ME 71063-0152					14 (Other (see enclosed Notice to Employ	ree)	12c				
	Ease Michaelshile M. 71003 0132					!			111			
							-	12d				
								_	701			
				_	G 781							
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.	19 1	ocal income tax		20 Locality name			
SD	866-89		119177.7	11747.14		· · · · · · · · · · · · · · · · · · ·		8346.32				
עפ)-J40	113111.1	11/3/.14		213313.32	20.	J-10.JZ		Jesse Freeway		
wv	749-83	3-717	105056.84	10098.17		182342.21	26	618.09		Cole Skyway		

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

