R	REISSUED	a Employee's socia	•			Safe, Acc	urate,		H	Visit the	IRS Website		
ST	TATEMENT	50	8-89-1070	OMB N	o. 1545-000	8 FAST! U	se	5 ~ I	IIE	at www.i	rs.gov/efile.		
b Employer identification number					1 W	1 Wages, tips, other compensation			2 Federal income tax withheld				
43-4537007						89618.71			10117.21				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Snyder PLC LLC						78448.17				6001.29			
45456 Jessica Spur South Ryanborough UT 31008-9807					5 Medicare wages and tips				6 Medicare tax withheld				
					102954.98				2985.69				
1	South Ryand	orougn o	T 31008-9807		7 Social security tips				8 Allocated tips				
						78448.17			102954.98				
d Control number					9 Ac	9 Advance EIC payment			10 Dependent care benefits				
213684										132			
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
	D-1- W				119				G 9602				
	Dale You	ing			13 Statutory Retirement Third-party 12b employee plan sick pay								
8002 Crawford Knolls Suite 368 North Debbie OR 09645-4019					X	x x				н 555			
					14 Ot	14 Other (see enclosed Notice to Employee)			:	1			
									P 536				
										1			
									н	187			
	yee's address and ZIP cod		T	T							T	_	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,		19 Local		<	20 Locality name		
CT	960-91	-423	44532.88	4190.02		92103.78		1736	8.48		Ross River	c	
NY	261-91	805	48433.54	4337.71		111526.14		1051	4.39		Deborah Place	e	
Wage and Tax Statement							Departm	ent of the	e Treasu	ryInterna	al Revenue Servic	е	

Wage and Tax **Statement**

Form W-2 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.

RE	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STA	STATEMENT 508-89-1070 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be important this income is taxable and you fail to report it.						be imposed on you if					
b Employe	b Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
43-4537007					89618.71			10117.21				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Snyder PLC LLC					78448.17			6001.29				
45456 Jessica Spur South Ryanborough UT 31008-9807					5 Medicare wages and tips			6 Medicare tax withheld				
					102954.98			2985.69				
					7 Social security tips			8 Allocated tips				
					78448.17			102954.98				
d Control r	number				9 Advance EIC payment			10 Dependent care benefits				
2	213684								132			
e Employe	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
_					119			G 9602				
D	Dale Young					utory Retirement Third-party		12b				
8002 Crawford Knolls Suite 368 North Debbie OR 09645-4019					mployee plan sick pay X 14 Other (see enclosed Notice to Employee)			I .	ı 555			
								12c	-			
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								_	536			
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								I	н 187			
f Employee's address and ZIP code												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local incon	ne tax	20 Locality name		
CT	960-91	-423	44532.88	4190.02		92103.78	17	368.	48	Ross River		
NY	261-91	805	48433.54	4337.71		111526.14	10	514.	39	Deborah Place		

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

