REIS	SUED	a Employee's socia	al security number			Sa	fe, Accurate,	e 🖸	as HI		Visit the	IRS Websi	te
STAT	EMENT	89	96-65-5539	OMB N	o. 1545-0	0008 FA	ST! Use	U	7 1111	e	at www.i	rs.gov/efile	
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
67-	-8841878				120433.21				38732.9				
c Employer's n	name, address, and 2	IP code			3 Social security wages				4 Social security tax withheld				
Kennedy, Walker and Anderson PLC					107672.06				8236.91				
88935 Anthony Cape					5 Medicare wages and tips				6 Medicare tax withheld				
					118278.83				3430.09				
Port Davidside KS 55301-1622					7 Social security tips				8 Allocated tips				
					107672.06				118278.83				
d Control number				9 Advance EIC payment 10 Dependent care benefits					enefits				
9741761									199				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Greg Contreras				264				6372					
				13 Statutory Retirement Third-party employee plan sick pay				12b	i				
715 Ray Island				X X				297					
Port Michael ID 15212-9637					14 Other (see enclosed Notice to Employee)			yee)	12c				
FOIC MICHAEL ID 13212 9037								P	P 409				
								12d					
										_	000		
								-		D	228		
	address and ZIP cod mployer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wa	nes, tips, etc.	19 L	ocal inco	me tax		20 Locality	name
TN			64496.51	3162.32	3.7, 1.7,		1	20606.4			Smith		
	188-25-199 64496.51 3162.32			12/00	<i>,</i>	20	000.	3		SILL CII	FIAL		
AZ	664-23-519 55236.06 2020.78		131758.87		18	18583.72			Shannor	n Fall			

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.

F	REISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	TEMENT 896-65-5539 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.									you if		
b Emplo	b Employer identification number					1 Wages, tips, other compensation			income tax	x withheld			
67-8841878						120433.21			38732.9				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Kennedy, Walker and Anderson PLC						107672.06			8236.91				
88935 Anthony Cape Port Davidside KS 55301-1622					5 N	Medicare wages and tips		6 Medicare tax withheld 3430.09					
						118278.83							
					7 Social security tips			8 Allocated tips					
						107672.06		118278.83					
d Control number					9 Advance EIC payment			10 Dependent care benefits					
	9741761				199								
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					264		6372						
	Greg Contreras				13 Statu			12b					
715 Ray Island					employee plan sick pay			297					
					14 Other (see enclosed Notice to Employee)			12c					
Port Michael ID 15212-9637						valler (eee endleeed reduce to Emple)	00,	1					
								P	409				
								12d	1				
									D 228				
f Emplo	yee's address and ZIP co	de											
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		ocal income tax	20 Locality name				
TN	188-25	5-199	64496.51	3162.32	127086.37		20	606.4	Smith	Flat			
AZ	664-23	3-519	55236.06	2020.78	131758.87		18	583.72	Shannor	n Fall			

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

