| F | REISSUED a Employee's social security number | | | | Safe, Accurate, | | | | Visit the IRS Website | | | |
|--|--|---------|----------------------------|---------------------|---------------------------|--|--------|----------|---------------------------------|----------|------------------|--|
| S | TATEMENT | 65 | 1-48-8680 | OMB N | lo. 1545-00 | 08 FAS | Γ! Use | G | III | at www.i | rs.gov/efile. | |
| b Employer identification number | | | | | 1 V | 1 Wages, tips, other compensation | | | Federal income tax withheld | | | |
| 30-6197559 | | | | | | 130326.93 | | | | 47193.13 | | |
| c Employer's name, address, and ZIP code | | | | | 3 S | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Combs-Smith Ltd | | | | | 162812.65 | | | | 12455.17 | | | |
| 04317 Benson Garden | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| West Michelle OH 52463-7651 | | | | | 98422.8 | | | | 2854.26 | | | |
| | | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | | 162812.65 | | | 98422.8 | | | |
| d Contro | | | | | 9 Advance EIC payment | | | 10 | 10 Dependent care benefits | | | |
| 9150650 | | | | | | | | | 109 | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12 | 12a See instructions for box 12 | | | |
| | | m - d d | | | 146 | | | | 2452 | | | |
| , | Alexander Todd | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | | | |
| 3864 Joshua Via Apt. 073 New Samueltown UT 61492-7660 | | | | | employee plan slok pay | | | | E | 714 | | |
| | | | | | 14 C | 14 Other (see enclosed Notice to Employee) | | | | 12c | | |
| | | | | | | | | | | 566 | | |
| | | | | | | | | | | 12d | | |
| | | | | | | | | | P | 787 | | |
| | yee's address and ZIP cod | e | | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | 19 Local | 19 Local income tax | | 20 Locality name | |
| IL | 674-54 | -883 | 67313.93 | 5880.77 | | 145030.8 1 | | 1525 | 15258.1 | | Cook Stravenue | |
| NJ | 135-98 | -249 | 62698.77 | 4893.64 | | 91820.4 | Į | 2008 | 1.76 | | William Common | |
| | | | | | | | | | | | | |

Wage and Tax

Form W-2 Statement

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 social 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 | STATEMENT 651-48-8680 OMB No. | | | | 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 | yer identification number | | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 30-6197559 | | | | | | 130326.93 | | | 47193.13 | | | |
| c Employer's name, address, and ZIP code | | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Combs-Smith Ltd | | | | | | 162812.65 | | | 12455.17 | | | |
| 04317 Benson Garden | | | | | 5 Medicare wages and tips 98422.8 | | | Medicare tax withheld | | | | |
| | | | | | | | | 2854.26 | | | | |
| | West Michelle OH 52463-7651 | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 162812.65 | | | 98422.8 | | | | |
| d Control number | | | | | 9 / | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| | 9150650 | | | | | | | 109 | | | | |
| e Emplo | oyee's first name and initial | Last name | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| | | | | | 146 | | | 2452 | | | | |
| | Alexander Todd | | | | 13 Statutory Retirement Third-party | | | 12b | | | | |
| 3864 Joshua Via Apt. 073 | | | | | employee plan sick pay | | | - | E 714 | | | |
| | 3004 JOSHUA VIA APC. 073 | | | | 14 Other (see enclosed Notice to Employee) | | | | | | | |
| | New Samueltown UT 61492-7660 | | | | | 14 Other (see enclosed Notice to Employee) | | | ĺ | | | |
| | | | | | | | | 566 | | | | |
| | | | | | | | | 12d | 1 | | | |
| | | | | | | ! | | | P 787 | | | |
| f Employee's address and ZIP code | | | | | | | | | | | | |
| 15 State | Employer's state ID no | umber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. 19 | | 9 Local income tax | | 20 Locality name | | |
| IL | 674-54 | 1-883 | 67313.93 | 5880.77 | | 145030.8 | | .5258.1 | | Cook Stravenue | | |
| NJ | 135-98 | 3-249 | 62698.77 | 4893.64 | | 91820.4 | 20 | 0081.76 | | William Common | | |

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

