REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website				
STATEMENT	6	73-27-4742	OMB N	lo. 1545-000	PAST!	Use "	E T	le)	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number				1 W	1 Wages, tips, other compensation				2 Federal income tax withheld			
40-3773171					155272.13				46203.94			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Smith-Hughes Ltd					138377.52			10585.88				
911 Brady Plain				5 M	5 Medicare wages and tips				6 Medicare tax withheld			
_				187425.56				5435.34				
Christopherfurt HI 70775-3459					7 Social security tips				8 Allocated tips			
					138377.52			187425.56				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
4770069								238				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Amber Koch				258				P 5339				
				13 Statutory Retirement Third-party								
577 Matthew Island Suite 818				employee plan sick pay				G	568			
West Laurenville HI 99415-1213					ther (see enclosed N	lotice to Employ	ree) 12c					
west hadrenville hi 99415-1215								н	159			
									12d			
								G	631			
f     Employee's address and ZIP code       15     State     Employer's state ID number     16     State wages, tips, etc.     17     State income tax				1	18 Local wages, tip	e oto	19 Local ir	como to	,	20 Locality name		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-67-38 <b>4</b>	81971.52	5973.55		151996.0		16052		`	,		
IN 232	-0/-364	019/1.52	3913.33		131996.0	٥	10022	99		Wolfe Motorway		
NJ 453	-62-575	70791.55	4118.7		133000.8	1	18641	97		Tami Turnpike		

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

**201** Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

REISSU	JED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEM	IENT	67	73-27-4742	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>b</b> Employer identifi	b Employer identification number				1 V	,			2 Federal income tax withheld			
40-3773171					155272.13			46203.94				
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld				
Smith-Hughes Ltd					138377.52			10585.88				
911 Brady Plain				5 N	5 Medicare wages and tips			6 Medicare tax withheld				
_					187425.56		5435.34					
Chri	Christopherfurt HI 70775-3459				7 Social security tips			8 Allocated tips				
				138377.52			187425.56					
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
4770069								238				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Amber Koch				258 13 Statutory Retirement Third-party			P 5339					
			employee plan sick pay				1					
577 Matthew Island Suite 818				X			G	568				
West Laurenville HI 99415-1213				14 (	Other (see enclosed Notice to Employ	/ee)	12c	ĺ				
							Н	159				
						Ī	12d					
								G	631	631		
f Employee's address and ZIP code												
	yer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income		20 Locality name		
TN	232-67	7-384	81971.52	5973.55		151996.03 1		.6052.99		Wolfe Motorway		
NJ	453-62	2-575	70791.55	4118.7		133000.81	18	641.9	7	Tami Turnpike		

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

