STATEMENT 547-51-7504 DMB No. 1545-0008 FAST! Use at www.irs.gov/efile. b Employer identification number 63-0670494 c Employer's name, address, and ZIP code Anderson-Smith Ltd 70816 Michele Ports Lake Cameronchester OK 83098-6802 d Control number 3192128 e Employee's first name and initial MB No. 1545-0008 FAST! Use at www.irs.gov/efile. Wages, tips, other compensation 82012.35 29056.14 2 Federal income tax withheld 2 88934.88 6803.52 5 Medicare wages and tips 6 Medicare tax withheld 6803.52 7 Social security tips 8 Allocated tips 88934.88 68579.97 d Control number 3192128 e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 148 1073 13 Statutory plan sick pay plan sick pay 309	
Second Security Second Second Security Second Second Security Second Second Security Second Sec	
c Employer's name, address, and ZIP code Anderson-Smith Ltd 70816 Michele Ports Lake Cameronchester OK 83098-6802 d Control number 3192128 e Employee's first name and initial Mike Manning 3 Social security wages 4 Social security tax withheld 88934.88 6803.52 5 Medicare wages and tips 6 Medicare tax withheld 68579.97 1988.82 7 Social security tips 8 Allocated tips 68579.97 9 Advance EIC payment 10 Dependent care benefits 173 173 124 See instructions for box 12 148 13 Statutory Retirement Third-party sick pay 12b 12b	
Anderson-Smith Ltd 70816 Michele Ports Lake Cameronchester OK 83098-6802 d Control number 3192128 e Employee's first name and initial Mike Manning 88934.88 6803.52 6 Medicare wages and tips 6 Medicare tax withheld 68579.97 1988.82 7 Social security tips 88934.88 68579.97 9 Advance EIC payment 10 Dependent care benefits 173 11 Nonqualified plans 12a See instructions for box 12 148 13 Statutory Retirement Third-party sick pay 12b 12b	
To 816 Michele Ports Lake Cameronchester OK 83098-6802 To Social security tips 8 Allocated tips 88934.88 68579.97	
Total control number Supplying the last name Total care benefits Total care bene	
Lake Cameronchester OK 83098-6802 7 Social security tips 8 Allocated tips 68579.97 d Control number 9 Advance EIC payment 10 Dependent care benefits 173 e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 Mike Manning 13 Statutory Retirement Third-party employee plan sick pay 12b	
88934.88 68579.97 d Control number 3192128 e Employee's first name and initial Last name Mike Manning 11 Nonqualified plans 12a See instructions for box 12 1073 113 Statutory Retirement Third-party employee Plan Sick pay 12b 12b	
d Control number 3192128 e Employee's first name and initial Last name Mike Manning 9 Advance EIC payment 10 Dependent care benefits 173 11 Nonqualified plans 12a See instructions for box 12 148 13 Statutory Retirement Third-party employee plan sick pay 12b	
3192128 e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 148 1073 13 Statutory Retirement Third-party sick pay employee plan sick pay 12b	
e Employee's first name and initial Last name 11 Nonqualified plans 12a See instructions for box 12 148 1073 13 Statutory Retirement Third-party employee plan sick pay 12b	
Mike Manning 148 1073 13 Statutory Retirement Third-party employee plan sick pay 12b	
Mike Manning 13 Statutory Retirement Third-party 12b employee plan sick pay	
13 Statutory Retirement Hillurpany 120 employee plan sick pay	
Thomasport RI 51319-3023 14 Other (see enclosed Notice to Employee) 12c	
904	
12d	
G 287	
f Employee's address and ZIP code	\longrightarrow
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality not be stated by the control of the control	ame
MN 485-16-772 42732.96 4182.12 93026.05 8717.24 Betty Cir	cles
MI 005-40-248 42568.94 2973.37 87447.2 12782.39 Jared Po	ints

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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.

REISSUED a Employee's social security number			to the Internal Revenue Service. If you are required
STATEMENT 547-51-7504	OMB No.	1545-0008 to file a tax return, a negligence per this income is taxable and you fail	enalty or other sanction may be imposed on you if to report it.
b Employer identification number		1 Wages, tips, other compensation	2 Federal income tax withheld
63-0670494		82012.35	29056.14
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
Anderson-Smith Ltd		88934.88	6803.52
70816 Michele Ports		5 Medicare wages and tips	6 Medicare tax withheld
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		68579.97	1988.82
Lake Cameronchester OK 83098-6802		7 Social security tips	8 Allocated tips
		88934.88	68579.97
d Control number		9 Advance EIC payment	10 Dependent care benefits
3192128			173
e Employee's first name and initial Last name		11 Nonqualified plans	12a See instructions for box 12
		148	1073
Mike Manning	-	13 Statutory Retirement Third-party	12b
011 Jones Curve		employee plan sick pay	309
mb DT	 	14 Other (see enclosed Notice to Employee)	12c
Thomasport RI 51319-3023		, , , ,	004
			904
			G 287
f Employee's address and ZIP code			
	e income tax	1	9 Local income tax 20 Locality name
MN 485-16-772 42732.96 4182	2.12	93026.05	717.24 Betty Circles
MI 005-40-248 42568.94 2973	3.37	87447.2	2782.39 Jared Points

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

