F	EISSUED a Employee's social security number				Safe, Accu	Safe, Accurate,			RS Website			
S	TATEMENT	27	0-46-4455	OMB N	o. 1545-00	008 FAST! Use	e		at www.ir	s.gov/efile.		
b Emplo	yer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
	99-3493543					120096.47			36213.98			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Harris LLC PLC					101854.17			7791.84				
0381 Horn Ridges					5 Medicare wages and tips			6 Medica				
						147093.81			4265.72			
	Kingville RI 57291-4815					7 Social security tips			8 Allocated tips			
					101854.17				147093.81			
d Contro	l number				9 /	9 Advance EIC payment			10 Dependent care benefits			
	5095680							189				
e Emplo	yee's first name and initial	Last name			11 Nonqualified plans			12a See instructions for box 12				
	m: t.1	Q			156			G	G 5223			
	Timothy Smith					13 Statutory Retirement Third-party employee plan sick pay			1			
288 Proctor Inlet Erikhaven KY 78667-3523					14 Other (see enclosed Notice to Employee)				434			
) 12c	1			
									771			
								12d	12d			
									481			
f Employee's address and ZIP code									101			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, e	tc. 19	9 Local income tax	(20 Locality name		
MO	062-29	-802	63480.36	2800.5		134901.52 1		7015.1		Wilson Inlet		
							_					
VA	526-49	-516	59161.43	2301.35		146183.35	1	.6256.9		Robinson Terrace		

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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	2	70-46-4455	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 Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
99-3493543					120096.47			36213.98				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Harris LLC PLC					101854.17			7791.84				
0381 Horn Ridges					5 Medicare wages and tips			6 Medicare tax withheld				
					147093.81			4265.72				
-	Kingville RI 57291-4815					7 Social security tips			8 Allocated tips			
					101854.17			147093.81				
d Contro	Inumber				9 Advance EIC payment			10 Dependent care benefits				
!	5095680							189				
e Employ	ee's first name and initial	Last name	9		11 Nonqualified plans			12a See instructions for box 12				
Timothy Smith				156			G 5223					
288 Proctor Inlet Erikhaven KY 78667-3523					13 Statu emp			12b	ı			
					14 Other (see enclosed Notice to Employee)			12c				
								771				
						1			12d			
								481				
	ee's address and ZIP coo		140 00000000000000000000000000000000000	17 State income tax		140 1	140	Local income tax		100 1		
15 State	Employer's state ID no		16 State wages, tips, etc.			18 Local wages, tips, etc.			(20 Locality name		
MO	062-29	9-802	63480.36	2800.5		134901.52	17	015.1		Wilson Inlet		
VA	526-49	9-516	59161.43	2301.35		146183.35	16	256.9		Robinson Terrace		

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

