REISSUED	a Employee's soci	•			Sat	e, Accurate,	re 🖸	12 HD		Visit the	IRS Webs	ite	
STATEMENT	12	20-60-6744	OMB N	lo. 1545-00	008 FA	ST! Use	<u></u>			at www.ii	s.gov/efile	Э.	
b Employer identification number				1 \	1 Wages, tips, other compensation				Federal income tax withheld				
92-5309960)				190782.32				35857.71				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld					
Smith, Mann and Rice Ltd				237415.92				18162.32					
464 Christopher Fall Suite 998				5 Medicare wages and tips				6 Medicare tax withheld					
Brandonborough CT 75729-1505				230170.72				6674.95					
Diandonbolough Ci 73723 1303				7 Social security tips				8 Allocated tips					
				237415.92				230170.72					
d Control number				9 Advance EIC payment				10 Dependent care benefits					
2199947								116					
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Danie Hamie			242				P 2446						
Donna Harris				13 Statutory Retirement Third-party employee plan sick pay				12b	ı				
21694 Erin Inlet Suite 114				x x				1	E 490				
New Alec AL 59083-7253				14 (Other (see enclo	sed Notice to Employ	yee)	12c	ı				
]	E	311				
							12d						
								(G	266			
f Employee's address and ZIP	code												
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax	-	18 Local wag	es, tips, etc.	19 L	ocal incor	ne tax		20 Localit	y name	
AK 438-2	29-373	86958.12	7318.21		238297.12 3		32	2886.59			Eric	Road	
MI 653-	653-51-577 97731.54 6035.47		134772.44 32		32	32456.26			Freeman	Viaduct			

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.

REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 120-6	0-6744	OMB No	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.						n you if		
b Employer identification number	b Employer identification number					Federal income tax withheld					
92-5309960				190782.32			35857.71				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Smith, Mann and Rice Ltd				237415.92			18162.32				
464 Christopher Fall Suite 998				5 Medicare wages and tips			6 Medicare tax withheld				
Brandonborough CT 75729-1505				230170.72			6674.95				
Brandonborough Cr 73729 1303				7 Social security tips			8 Allocated tips				
				237415.92			230170.72				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
2199947							116				
e Employee's first name and initial Last name			11 N	onqualified plans	12a See instructions for box 12						
				242			P 2446				
Donna Harris				13 Statutory Retirement Third-party employee plan sick pay							
21694 Erin Inlet Suite 114				X Sick pay			E 490				
New Alec AL 59083-7253				14 Other (see enclosed Notice to Employee)			12c				
							311				
					Ī	12d					
							266				
f Employee's address and ZIP code						•					
	g,p,	17 State income tax		10 2000 110 300 110 110 110		ocal income tax	20 Locality	/ name			
AK 438-29-373 869	58.12	7318.21		238297.12 3		886.59	Eric	Road			
MI 653-51-577 977	31.54	6035.47	134772.44 32		32	456.26	Freeman	Viaduct			

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

