	IOOOLD	a Employee's soci	•			Safe, Accurate,	IRS 🖺			IRS Website	
	ATEMENT	48	83-88-7952	OMB N	lo. 1545-0008		<u> </u>			s.gov/efile.	
<b>b</b> Employer identification number						1 Wages, tips, other compensation			2 Federal income tax withheld		
91-4713530						80728.34			18898.41		
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Wong, Schmidt and Chandler Inc					79380.04			6072.57			
03826 Little Circle					5 Medicare wages and tips			6 Medicare tax withheld			
10020 22020 322020					_	56727.73			1645.1		
Jamesberg KS 29857-2657					<b>7</b> Soc	7 Social security tips			8 Allocated tips		
					7	79380.04			56727.73		
d Control number					9 Adv	9 Advance EIC payment			10 Dependent care benefits		
3031496								231			
e Employe	e's first name and initial	Last name	е		<b>11</b> Nor	11 Nonqualified plans			12a See instructions for box 12		
					195			D 3906			
Robert Ponce					13 Statutory Retirement Third-party employee plan sick pay						
3778 Rachel Vista Susanfort OH 74925-8247									612		
					<b>14</b> Oth	er (see enclosed Notice to Em	ployee)	12c	I		
									155		
								12d			
									628		
f Employe	e's address and ZIP cod	_					-		020		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	1	8 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
NM	903-33	-148	38770.94	2535.38	5	59173.88 13		3010.74		Nicholas Fields	
MN	623-77	-250	40905.09	2601.39		69873.48		8568.82		Porter Forks	
Wage and Tax Statement				507	0	Department of the TreasuryInternal Revenue Service					

**Statement** Form W-2 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 soc	-		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							
	STATEMENT					this income is taxable and you fail to report it.						
<b>b</b> Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
91-4713530					80728.34			18898.41				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Wong, Schmidt and Chandler Inc					79380.04			6072.57				
03826 Little Circle Jamesberg KS 29857-2657					5 Medicare wages and tips 56727.73			6 Medicare tax withheld				
								1645.1				
					7 Social security tips			8 Allocated tips				
					79380.04			56727.73				
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits				
	3031496							231				
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans 12a See instruc			structions	for box 12			
Robert Ponce					195 13 Statutory Retirement Third-party			D 3906				
						employee plan sick pay			1			
	3778 Rachel Vista								612			
Susanfort OH 74925-8247					14 Other (see enclosed Notice to Employee)			12c				
								155				
									12d			
								628				
	yee's address and ZIP co		140 00-1	147 00-1-1-1-1		I do Landa and Garage	10			00.1		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		*		20 Locality name		
NM	903-33	3-148	38770.94	2535.38	59173.88   13010.74			Nicholas Fields				
MN	623-7	7-250	40905.09	2601.39		69873.48 85		568.82		Porter Forks		

Wage and Tax

**Statement** Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

