F	REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website							
S	TATEMENT	30	)2-26-3795	ON	MB No. 1545-00	08 <b>FAS</b> 1	! Use	<b>G</b>		at www.ii	rs.gov/efile.		
<b>b</b> Emplo	yer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld			
26-7493891						95261.43			17316.44				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Villegas, Hill and Stephens LLC						92505.71				7076.69			
91062 Bradford Key Suite 296					5 N				6 Medicare tax withheld				
East Kevinberg TN 86680-9241						106499.76				3088.49			
					7 8	7 Social security tips				8 Allocated tips			
						92505.71			106499.76				
d Control number						9 Advance EIC payment			10 Dependent care benefits				
818192										223			
e Employee's first name and initial Last name						11 Nonqualified plans			12a See instructions for box 12				
	_	~				100			н 9737				
	Joseph Smith					13 Statutory Retirement Third-party employee plan sick pay							
72090 Caitlin Vista						pyee plan	sick pay			336			
Lake Michaelstad CO 24520-7541						other (see enclose	d Notice to Employ	ree) 12	2c	i			
										373			
									12d				
										988			
f Employee's address and ZIP code										1			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	e tax	18 Local wages	, tips, etc.	19 Loca	al income tax	(	20 Locality name		
VA	690-77	-417	45961.73	2867.89	)	78512.4		1771	L1.41		Michael Shore		
MA	500-52	-510	51436.97	2583.19	)	102819.	48	1033	31.43		Cory Crossing		
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W-2 Statement					Ы∪			<b> •</b>		,			

Wage and Tax **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.

R	EISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are requi								
ST	ATEMENT	30	2-26-3795	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				
26-7493891						95261.43			17316.44				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
v	Villegas, Hill and Stephens LLC						92505.71			7076.69			
9	1062 Bradf	5 Medicare wages and tips				6 Medicare tax withheld							
	East Kevinberg TN 86680-9241					106499.76				3088.49			
E						7 Social security tips			8 Allocated tips				
						92505.71			106499.76				
d Control	d Control number						9 Advance EIC payment			10 Dependent care benefits			
818192										223			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
_							100			н 9737			
J	Joseph Smith						13 Statutory Retirement Third-party						
72090 Caitlin Vista					employee plan sick pay				336				
Lake Michaelstad CO 24520-7541						14 Other (see enclosed Notice to Employee)			12c				
Lane III and CID and CO 2 1020 7011										373			
									12d				
										988			
f Employe	f Employee's address and ZIP code							ŀ					
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tip	s, etc.	19 L	ocal income	e tax	20 Locality name		
VA	690-77	7-417	45961.73	2867.89		78512.4		17	711.4	1	Michael Shore		
MA	500-52	2-510	51436.97	2583.19		102819.4	3	10	331.4	3	Cory Crossing		

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

