KEIGGGED	REISSUED a Employee's social security number			Safe, Accurate, Visit the II							
STATEMENT 327-	-14-5165	OMB No	. 1545-0	008 FAST! Use			<i>le</i>	at www.ii	rs.gov/efile.		
b Employer identification number			1	Wages, tips, other compen	sation	2	2 Federal income tax withheld				
90-2550992			171125.15				26035.73				
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld				
Wilson, Woods and Palmer LLC			170965.7				13078.88				
85551 Walker Gardens Apt. 259			5 Medicare wages and tips				6 Medicare tax withheld				
Toddbury MI 28571-4349			159629.2				4629.25				
10ddbury M1 265/1-4549			7 Social security tips			8 Allocated tips					
			170965.7			159629.2					
d Control number			9	Advance EIC payment		10	Depend	lent care be	enefits		
5194419								233			
e Employee's first name and initial Last name			11 Nonqualified plans 12a				2a See instructions for box 12				
Elizabeth Smith			134			1098					
			13 Statutory Retirement Third-party employee plan sick pay				12b				
8855 Johnson Landing			Cimp	jan jan	X		E	796			
New Timothyland AZ 36637-9337			14 Other (see enclosed Notice to Employee)								
							G	G 360			
							12d				
							D	559			
f Employee's address and ZIP code											
	State wages, tips, etc. 17 S	State income tax		18 Local wages, tips, et	c. 1	9 Local inc	come tax		20 Locality name		
TN 335-39-047 78	8052.72 90	17.73		207937.09	2	4543	. 95		Craig Forks		
WA 251-85-236 7	7510.89 60	095.73		126443.29 1		18720.74			Jones Crossroad		

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.

F	REISSUED	a Employee's socia	•		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								
S	TATEMENT	32	27-14-5165	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.								
b Employer identification number			1 Wages, tips, other compensation				Federal income tax withheld						
90-2550992				171125.15			26035.73						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Wilson, Woods and Palmer LLC				170965.7			13078.88						
85551 Walker Gardens Apt. 259 Toddbury MI 28571-4349			5 Medicare wages and tips 159629.2				6 Medicare tax withheld						
							4629.25						
			7 Social security tips				8 Allocated tips						
					170965.7			159629.2					
d Control number				9 Advance EIC payment				10 Dependent care benefits					
5194419										233			
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Elizabeth Smith			134				1098						
			13 Statutory Retirement Third-party employee plan sick pay			12b		Ī					
8855 Johnson Landing			x				E 796						
New Timothyland AZ 36637-9337			14 Other (see enclosed Notice to Employee)				12c		ī				
			<u> </u>				G	360					
							•	12d					
								D	559				
	oyee's address and ZIP coo		T	T.=		1						T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wage			_ocal inc			20 Locality	[*]
TN	335-39	9-047	78052.72	9017.73		207937	.09	24	543	. 95		Craig	Forks
WA	251-85	5-236	77510.89	6095.73		126443	. 29	18	720	.74		Jones Cr	rossroad

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

