R	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Webs					IRS Website			
ST	ATEMENT	31	.8-31-5996	OMB N	lo. 1545-0	8000	FAST! Use	G			at www.ii	rs.gov/efile.
b Employ	er identification number			*	1	1 Wages, tips, other compensation			Federal income tax withheld			
88-4348706						40993.23			13102.88			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Schmidt Inc PLC						28777.55			2201.48			
16182 Jacob Crossroad Apt. 028 Port Colton AR 82263-3730					5 Medicare wages and tips				6 Medicare tax withheld			
					36861.76				1068.99			
					7 Social security tips				8 Allocated tips			
					28777.55			36861.76				
d Control					9	9 Advance EIC payment 10 Dep			•	endent care benefits		
3610803											227	
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
					197				6627			
'	William Ryan					13 Statutory Retirement Third-party employee plan sick pay				ĺ		
70028 Dunn Overpass Apt. 092 Cameronmouth DE 41609-0761					14 Other (see enclosed Notice to Employee)				E 145			
									12c			
									1	E 442		
									12d			
									1	н	117	
f Employee's address and ZIP code								ŀ		1.		
15 State	Employer's state ID nu	mployer's state ID number 16 State wages, tips, etc. 17 State income tax		18 Local wages, tips, etc. 19		19 L	Local income tax			20 Locality name		
ND	907-91	-660	20954.75	1201.17		41053.96 5		51	5178.91			Yolanda Green
CA	729-52	-466	21112.7	1227.03		36997.89 4		44	4415.59			Smith Lodge

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	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	31	L8-31-5996	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.							
b Employ	b Employer identification number					1 Wages, tips, other compensation 2 Federal income tax withhe						
88-4348706						40993.23		13102.88				
c Employer's name, address, and ZIP code					3 S	ocial security wages		4 Social security tax withheld				
Schmidt Inc PLC 16182 Jacob Crossroad Apt. 028 Port Colton AR 82263-3730						28777.55		2201.48				
					5 N	ledicare wages and tips		6 Medicare tax withheld				
						36861.76		1068.99				
					7 S	ocial security tips		8 Allocated tips				
						28777.55		36861.76				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	3610803								227			
e Employ	e Employee's first name and initial Last name					onqualified plans		12a See instructions for box 12				
William Ryan 70028 Dunn Overpass Apt. 092					197 13 Statutory Retirement Third-party employee plan sick pay			6627 E 145				
١ .	Cameronmouth DE 41609-0761					ther (see enclosed Notice to Employ	ee)	12c				
· '								E 442				
							-	12d				
								н 117				
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		cal income tax	:	20 Locality name		
ND	907-91	-660	20954.75	1201.17		41053.96		178.91		Yolanda Green		
CA	729-52	-466	21112.7	1227.03		36997.89	441	.5.59		Smith Lodge		

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

