F	REISSUED	a Employee's socia	I security number				Safe, Accu	rate,		∠H		Visit the	IRS Website
S	TATEMENT	65	66-15-9061	OMB N	o. 1545-0	8000	FAST! Use		<u>~</u>		e	at www.i	rs.gov/efile.
b Emplo	yer identification number				1	1 Wages, tips, other compensation				Federal income tax withheld			
	30-5671934				125007.43					45374.88			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Sanders-Barrett LLC 33938 Park Port Lake Lorettafort AL 62620-1147					132457.91					10133.03			
					5 Medicare wages and tips					6 Medicare tax withheld			
					92376.86					2678.93			
					7 Social security tips					8 Allocated tips			
					132457.91				92376.86				
d Control number					9 Advance EIC payment 10				Dependent care benefits				
199520												219	
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
Tina Claub					211				7513				
	Lisa Clark					13 Statutory Retirement Third-party employee plan sick pay				12b		1	
203 Thomas Spring					x							638	
Williamsview NJ 79865-9466						14 Other (see enclosed Notice to Employee)				12c			
											P	283	
						1				12d			
											G	580	
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips, et	c.	19 Lo	ocal inco	ome tax	•	20 Locality name
AL	504-54	-735	58220.68	5017.06		156	594.67		215	532.	64		Anderson Terrace
NH	139-89	-654	66509.78	5803.64		101	832.49		174	420.	89		Smith Estate

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are										
1	TATEMENT	65	66-15-9061	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 Emplo	b Employer identification number					/ages, tips, other compensation		2 Federal income tax withheld			
30-5671934						125007.43		45374.88			
c Employer's name, address, and ZIP code						ocial security wages		4 Social security tax withheld			
Sanders-Barrett LLC						132457.91		10133.03			
33938 Park Port					5 N	ledicare wages and tips		6 Medicare tax withheld 2678.93 8 Allocated tips			
						92376.86					
	Lake Lorettafort AL 62620-1147					ocial security tips					
						132457.91		92376.86			
d Control number					9 A	dvance EIC payment		10 Dependent care benefits			
	199520							219			
e Emplo	yee's first name and initial	Last name			11 N	onqualified plans		12a See instructions for box 12			
Lisa Clark						211		7513			
	Lisa Clark					ory Retirement Third-party yee plan sick pay		12b			
203 Thomas Spring					employee plan sick pay			638			
Williamsview NJ 79865-9466						ther (see enclosed Notice to Employ	ree)	12c			
								P	283		
								12d			
					G	580					
f Employee's address and ZIP code							F				
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		ocal income tax		20 Locality name	
AL	504-54	1-735	58220.68	5017.06		156594.67	21	532.64		Anderson Terrace	
NH	139-89	9-654	66509.78	5803.64		101832.49	17	420.89		Smith Estate	

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

