	a Employee's social security number 283-92-2937			OMB No. 1545-0008  This information is being furnished to the Internal Revenue Service. are required to file a tax return, a negligence penalty or other sanctimal may be imposed on you if this income is taxable and you fail to rep					
ver identification number (EIN)					1 Wages, tips, other compensation 2 Federal income tax withheld				
3836					384	7.00	7000.00	7000.00	
ver's name, address, and ZIP code					3 Soc	cial security wages	4 Social secu	4 Social security tax withheld	
Secret	United States ▼		7000.00		7000.00	W. C.			
S M 10			5 Medicare wages and tips		6 Medicare ta	6 Medicare tax withheld			
					3748	3.00	3487.99		
300					<b>7</b> Soc	cial security tips	8 Allocated ti	os	
n	MI	93948	800-456	5-7890	0.00		0.00	0.00	
l number					9 Ver	ification code	10 Dependent	care benefits	
24948							0.00		
ree's first name and initial Last name				Suff.	<b>11</b> Nor	nqualified plans	12a See instruc	tions for box 12	
\$1.75	440		998		0.00	)	D 59.	00	
X	Pa	tterson	Ms		13 Statutory Retirement Third-party sick pay		y 12b		
lvenue Pkwy							CC 48.	00	
i					14 Oth	er	12c		
ès	FL	39487			NA		D 0.0	0	
d Ctatas =			224-00	00-3477	NA		12d	.^	
d States ▼					NA		D 0.0	10	
ee's address and ZIP co	ode				IVA				
Employer's state ID nu	ımber		ages, tips, etc.	17 State incom	ne tax	18 Local wages, tips, etc.	19 Local income ta		
36-113836		7000.00	)	7000.00		0.00	0.00	0.00	
36-113836		500.00		500.00		0.00	0.00	0.00	

**1-2** Wage and Tax Statement



Department of the Treasury-Internal Revenue Serv



