	a Employee 787-92-		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If are required 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						
oyer identification number (EIN)				1 Wages, tips, other compensation 2 Federal income tax withheld			ax withheld		
13847				838	47.00	70000	70000.00		
oyer's name, address, and ZIP code				3 Soc	cial security wages	4 Socia	4 Social security tax withheld		
lKnown Company		United	United States ▼		70000.00		70000.00		
M 1/4 Rd					5 Medicare wages and tips		6 Medicare tax withheld		
				73748.00		83487.99			
te 300				7 Social security tips		8 Allocated tips			
a C	0 3	9489 888-4	56-7890	0.00	0	0.00	0.00		
rol number				9 Ver	ification code	10 Depe	ndent care l	penefits	
2224444						0.00			
oyee's first name and initial	е	Suff. 11 Nonqualified p		nqualified plans	12a See i	12a See instructions for box 12			
				0.00	0	å D	859.00		
ha X	Reade	Mrs		13 Statu	utory Retirement Third-party loyee plan sick pay	12b			
th St						DD	948.00		
5				14 Oth	er	12c			
otsford W	'I 2	9377		NA		å D	0.00		
	1	397-	-000-3477	NA		12d	w/ 200 (M45000000		
ted States ▼		337	000 3177			D	0.00		
oyee's address and ZIP code				NA ————————————————————————————————————					
Employer's state ID number		16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax		20 Locality	
36-113847		70000.00	70000.00		0.00	0.00		0.00	
36-113847		500.00	500.00		0.00	0.00		0.00	
20 TT301/		300.00	300.00		0.00	0.00		0.00	

N-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

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