F	REISSUED	a Employee's socia	l security number			Safe	, Accurate,	e D		Visit the	IRS Websi	te	
S	TATEMENT	68	35-04-2829	OMB N	o. 1545-0	008 <b>FAS</b>	T! Use		<b>file</b>	at www.i	rs.gov/efile	·-	
<b>b</b> Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld				
63-1277250						190333.67			30704.66				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Burns-Smith Ltd					190622.85				14582.65				
05568 Pearson Centers Apt. 999 East John NY 04060-3893					5 Medicare wages and tips				6 Medicare tax withheld				
					234786.31				6808.8				
					7 Social security tips				8 Allocated tips				
						190622.85			234786.31				
d Control number						9 Advance EIC payment 10 Dependent of				dent care be	t care benefits		
9807978									163				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
Jessica Sanchez 5665 Joyce Burgs					237				E 6916				
					13 Statutory Retirement Third-party sick pay				12b	Ī			
									E 427				
	Joshuaport RI 55400-5157					14 Other (see enclosed Notice to Employee)				12c			
									768				
										12d			
										237			
f Emplo	vee's address and ZIP cod	e						-					
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 Lo	ocal income tax		20 Locality	name	
sc	446-18	-322	104010.55	4213.21		208642	. 33	29	611.15		Sarah	Union	
МТ	142-28	-633	103149.16	5187.39		215457	. 97	240	630.46		Mercado	Branch	

Wage and Tax Statement 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.

RFISSU	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are required to the Internal Revenue Service.									ice. If you are required		
STATEM		68	35-04-2829	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 Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
63-1277250					190333.67			30704.66				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Burns-Smith Ltd					190622.85			14582.65				
05568 Pearson Centers Apt. 999					5 Medicare wages and tips			6 Medicare tax withheld				
					234786.31			6808.8				
East	East John NY 04060-3893					7 Social security tips			8 Allocated tips			
					190622.85			234786.31				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
9807978								163				
e Employee's first na	ame and initial	Last name	•		11 Nonqualified plans			12a See instructions for box 12				
Togg	Tanadan Garahan					237			E 6916			
Jess.	Jessica Sanchez				13 Statutory Retirement Third-party employee plan sick pay			12b				
5665	5665 Joyce Burgs					X X X			E 427			
.Toshi	Joshuaport RI 55400-5157				14 Other (see enclosed Notice to Employee)			12c				
00311	boshdapoit Ri 55400 5157								768			
								12d				
								124				
						1			237			
f Employee's address and ZIP code												
15 State Employ	er's state ID nun	nber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		9 Local income tax		20 Locality name		
sc	446-18	-322	104010.55	4213.21		208642.33 2		29611.15		Sarah Union		
MT	142-28	-633	103149.16	5187.39		215457.97	24	630.46		Mercado Branch		

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

