	a Employee's soci	al security number 51-35-7892	OMB No	o. 1545-000	Safe, Accurate, 8 FAST! Use	(RSE)	√file)		IRS Website rs.gov/efile.	
	oyer identification number (ĒIN) 92-8299145				ages, tips, other compensation 74015.69	l	2 Federa 1835	l income tax 0 . 67	withheld	
c Employer's name, address, and ZIP code Lara-Riley Group				3 Social security wages 79386.86			4 Social security tax withheld 6073.09			
1903 Dominguez Trace East Michael IL 01668-4887					53865.51		6 Medicare tax withheld 1562.1 8 Allocated tips			
d Contro	ol number				79386.86			5386 dent care be		
	87						·	300		
e Employee's first name and initial Last name Suff. Karl Smith			11 Nonqualified plans 200			12a See instructions for box 12 C				
86733 Koch Walks Suite 606			13 Statutory Retirement Third-party employee plan sick pay			12b C d e F	923			
	New Laura AK	29523-3873		14 Ot	her		12c C d e J	540		
f Formula	oyee's address and ZIP code						12d C o d e	671		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	(20 Locality name	
IA	875-15-217	40008.49	3795.98		70384.92	11	622.63		Thompson Courts	
МО	541-01-753	35009.39	3122.08		91023.77	98	36.65		Watson Brook	
Form W-	Wage and Tax Statement	9	Dep	partment o	of the Treasu	ryInterna	al 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.

	a Employee's soc	ial security number			This information is being furnis	hed to	the Internal Rev	venue Servi	ce. If you are required	
	6	51-35-7892	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			Federal income tax withheld			
92-8299145				74015.69			18350.67			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Lara-Riley Group				79386.86			6073.09			
1903 Dominguez Trace East Michael IL 01668-4887					5 Medicare wages and tips			6 Medicare tax withheld		
					53865.51 7 Social security tips			1562.1 8 Allocated tips		
					d Control numb	per			9	
871	.7309							300		
e Employee's first name and initial Last name Suff.				11 Nonqualified plans			12a See instructions for box 12			
Vos	Karl Smith 86733 Koch Walks Suite 606			200			т 2071			
Nai				13 Statu			12b	1		
867				employee plan sick pay			F	923		
Nev	w Laura AK	AK 29523-3873		14 (Other (see enclosed Notice to Employ	/ee)	12c	ı		
New Laula III Lyolo 3073							J	540		
						-	12d			
								671		
f Employee's address and ZIP code								071		
	nployer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
IA	875-15-217	40008.49	3795.98		70384.92	11	622.63		Thompson Courts	
			·			1				
MO	541-01-753	35009.39	3122.08		91023.77	98	36.65		Watson Brook	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

