REISSUED a Employee's social	•			Safe, Accurate,	80	z#I	Visit the	IRS Website	
STATEMENT 00	66-84-1158	OMB N	o. 1545-00	DO8 FAST! Use	G		at www.i	rs.gov/efile.	
b Employer identification number			1 \	Wages, tips, other compensation		2 Federal	l income tax	withheld	
56-3814465				88640.26			13987.96		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Thomas, Phillips and Johnson LLC			92183.86			7052.07			
7477 Martinez Trail Suite 083			5 Medicare wages and tips			6 Medicare tax withheld			
Whitechester AL 24169-6663			63734.0			1848.29			
whitechester AL 24109-0003			7 Social security tips			8 Allocated tips			
				92183.86			6373		
d Control number			9 Advance EIC payment 10 D			10 Depend	Dependent care benefits		
4403141						235			
e Employee's first name and initial Last name			11 Nonqualified plans 1			12a See instructions for box 12			
,			210			6920			
Joan Fischer			13 Statu	itory Retirement Third-party oyee plan sick pay		12b	i		
97312 Harmon Tunnel			X			P	140		
New Shannon DE	86164-7973		14 (Other (see enclosed Notice to Employ	yee)	12c	i		
New Shannon DE 00104 7975						н	195		
					-	12d	175		
							1		
							420		
f Employee's address and ZIP code	Transition in the second	Tue ou		Traction	1.0			Lag I III	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		3.7,7,7		9 Local income tax		20 Locality name	
WI 847-69-822	40157.25	1783.67		109442.44	999	93.34		Carrie Summit	
NY 528-11-128	40080.46	1697.49		107163.72	143	383.84		Butler Ramp	

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal 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.

Е	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
	CLIOGOLD		66-84-1158	OMB N	OMP No. 1545,0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if					
	TATEMENT	U	00-04-1130	05 11		this income is taxable and you Vages, tips, other compensation	fail to		l incomo to	withhold
b Employer identification number							2 Todoral moonto tax mamora			
56-3814465				88640.26			13987.96			
c Emplo	yer's name, address, and a	ZIP code			3 Social security wages			4 Social security tax withheld		
Thomas, Phillips and Johnson LLC				92183.86			7052.07			
7477 Martinez Trail Suite 083			5 Medicare wages and tips			6 Medicare tax withheld				
Whitechester AL 24169-6663			63734.0			1848.29				
			7 Social security tips			8 Allocated tips				
				92183.86			63734.0			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4403141							235			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Joan Fischer 97312 Harmon Tunnel			210			6920				
			13 Statu			12b	1			
			employee plan sick pay			P 140				
9/312 Harmon Tunnel			Х			_	140			
New Shannon DE 86164-7973			14 Other (see enclosed Notice to Employee)			12c				
						н	195			
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									1	
							420			
	yee's address and ZIP coo			r		1				1
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 =000		9 Local income tax		20 Locality name
WI	847-69	-822	40157.25	1783.67		109442.44 99		9993.34		Carrie Summit
NY	528-11	128	40080.46	1697.49		107163.72		.4383.84		Butler Ramp

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

