REISSUED a Employee	's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT	047-01-0565	OMB N	o. 1545-00	008 FAST! Use		file	at www.irs.gov/	efile.	
b Employer identification number			1 V	Vages, tips, other compensation		2 Federal	I income tax withhel	d	
26-6333036				110556.54			11568.72		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Mccann-Cardenas Inc			143393.94			10969.64			
0026 Fisher Haven Apt. 555 Jessicabury IL 16172-7659			5 Medicare wages and tips			6 Medicare tax withheld			
				110842.4		3214.43			
			7 Social security tips			8 Allocated tips			
				143393.94			110842.4	•	
d Control number			9 A	Advance EIC payment	1	0 Depend	dent care benefits		
8483910						114			
e Employee's first name and initial La	ast name		11 N	Nonqualified plans	1	12a See ins	structions for box	12	
Louis Johnson			127			7638			
			13 Statutory Retirement Third-party			12b			
2919 Barbara Plains			employee plan sick pay			D 451			
West Rhonda MT 85338-2690			14 Other (see enclosed Notice to Employee)			12c	1		
							563		
					1	I2d	,,,,,,		
							664		
					_		004		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, etc.	19 Loc	al income tax	20 Lo	cality name	
IL 402-94-112	55871.68	2629.72		125702.12		963.56 Cody Ros		,	
AK 875-63-224	56072.88	3517.81		94500.03	167	94.35	Evai	ns Inlet	

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
	ATEMENT	0	47-01-0565	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 Employ	b Employer identification number			1	Wages, tips, other compensation		Federal income tax withheld			
26-6333036				110556.54			11568.72			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Mccann-Cardenas Inc				143393.94			10969.64			
0026 Fisher Haven Apt. 555 Jessicabury IL 16172-7659			5 Medicare wages and tips			6 Medicare tax withheld				
			110842.4			3214.43				
			7 Social security tips			8 Allocated tips				
				143393.94			110842.4			
d Contro	Inumber				9	Advance EIC payment		10 Deper	dent care b	enefits
	8483910							114		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Louis Johnson 2919 Barbara Plains			127			7638				
			13 Sta			12b				
			employee plan sick pay			D	451			
	West Rhonda MT 85338-2690			14 Other (see enclosed Notice to Employee)			12c			
								F 62		
						563				
								120	Í	
							664			
	yee's address and ZIP cod		•							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta		20 Locality name
IL	402-94	-112	55871.68	2629.72		125702.12	15	963.56		Cody Roads
AK	875-63	-224	56072.88	3517.81		94500.03	16	794.35		Evans Inlet

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

