R	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website					
ST	TATEMENT	21	.5-65-2875	OMB N	o. 1545-0	008 FAS	T! Use	G		at www.ii	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld				
	34-9183511					165884.3				40685.49			
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld				
Coffey-Johnson Group					177557.52				13583.15				
4970 Javier Neck					5 Medicare wages and tips				6 Medicare tax withheld				
					162760.21				4720.05				
Lake Marychester MA 92988-4327					7 Social security tips			8	8 Allocated tips				
					177557.52				162760.21				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
8739993										277			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
	_				227				5126				
	Joseph Porter					13 Statutory Retirement Third-party							
96015 Michelle Mill Apt. 610 New Diane MI 79567-8186					employee plan sick pay 14 Other (see enclosed Notice to Employee)				E	769			
										1			
										652			
								12d	12d				
									D	971			
f Employ	vee's address and ZIP cod	•							ע	911			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 Local in	come tax	[20 Locality name		
MO	651-46	-915	76029.33	7861.65		153938	. 17	25322	.41		Amanda Turnpike		
SC	824-24	_1 2 2	95306 40	0640 15		110064	0.4	17700	42				
SC	824-24	-122	85306.49	9640.15		119864	. 94	17708	.43		Candice Plaza		

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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you to file a tax return, a negligence penalty or other sanction may be imposed.											
S	STATEMENT 215-65-2875 OMB No. 1545-0008 this income is taxable and you fail to report it.						e imposed on you ii					
b Emplo	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
34-9183511						165884.3			40685.49			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Coffey-Johnson Group					177557.52			13583.15				
4970 Javier Neck					5 1	Medicare wages and tips	6 Medicare tax withheld					
						162760.21	4720.05					
	Lake Marychester MA 92988-4327					Social security tips	8 Allocated tips					
					177557.52			162760.21				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	8739993							277				
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
	Joseph Porter				227 13 Statutory Retirement Third-party			5126				
	96015 Michelle Mill Apt. 610 New Diane MI 79567-8186					employee plan sick pay 14 Other (see enclosed Notice to Employee)			E 769			
									12c			
									652			
								12d				
								D	D 971			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						I do I and a second	140			00 1		
15 State			16 State wages, tips, etc.			3.7,1,7,		Local income tax		20 Locality name		
MO	651-46	o-915	76029.33	7861.65	153938.17		25	25322.41		Amanda Turnpike		
sc	824-24	1-122	85306.49	9640.15		119864.94	17	708.43		Candice Plaza		

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

