F	REISSUED	a Employee's socia	al security number				Safe, Acc	urate,	e D	ZH		Visit the	IRS Website
S	TATEMENT	4(06-94-8809	OMB N	o. 1545-0	800	FAST! Us	e	5		5	at www.i	rs.gov/efile.
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
75-5341990						208464.02				71559.66			
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld			
Johnson-Terry Ltd					241342.36					18462.69			
9524 Armstrong Loop Apt. 314 Mooremouth FL 18632-8036					5 Medicare wages and tips					6 Medicare tax withheld			
					253693.28					7357.11			
					7 Social security tips					8 Allocated tips			
					241342.36					253693.28			
d Control number					9 Advance EIC payment					10 Dependent care benefits			
	8653213									234			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Dustin Black 7432 Jeffrey Grove Suite 999					243					н 1081			
					13 Statutory Retirement Third-party					12b			
					employee plan sick pay					217			
Maryland ID 89710-8834						14 Other (see enclosed Notice to Employee)				12c		, ,	
1141,14114 15 03,10 0031											G	171	
										12d			
											P	574	
f Emplo	yee's address and ZIP cod	e							F			1	
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Local	wages, tips,	etc.	19 Lc	ocal inco	me tax	:	20 Locality name
ND	046-49	-706	95920.28	6047.41		227253.17 3			315	1527.77			Williams Alley
MI	588-65	-237	113286.03	7002.28	154832.94		295	29550.23			Amy Highway		

Wage and Tax

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 socia	al security number	This information is being furnished to the Internal Revenue Service. If you are required							
S ⁻	TATEMENT	40	06-94-8809	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 Emplo	b Employer identification number					/ages, tips, other compensation		2 Federal income tax withheld			
75-5341990						208464.02		71559.66			
c Emplo	c Employer's name, address, and ZIP code					ocial security wages		4 Social security tax withheld			
Johnson-Terry Ltd						241342.36		18462.69			
9524 Armstrong Loop Apt. 314 Mooremouth FL 18632-8036					5 N	ledicare wages and tips		6 Medicare tax withheld			
						253693.28		7357.11			
					7 S	ocial security tips		8 Allocated tips			
						241342.36		253693.28			
d Contro	d Control number					dvance EIC payment		10 Dependent care benefits			
	8653213							234			
e Emplo	yee's first name and initial	Last name			11 N	onqualified plans		12a See instructions for box 12			
	Dustin Black				13 Statu	243		H 1081			
	7432 Jeffrey Grove Suite 999					oyee plan sick pay			217		
Maryland ID 89710-8834					14 0	other (see enclosed Notice to Employ	ree)	12c			
								G	171		
							-	12d			
								P	P 574		
f Employee's address and ZIP code										1	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
ND	046-49	9-706	95920.28	6047.41	227253.17		31.	L527.77 v		Williams Alley	
MI	588-65	5-237	113286.03	7002.28		154832.94	29	550.23		Amy Highway	

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

