REISSUED	a Employee's soci	•		Safe, Accurate,					Visit the	RS Website	
STATEMENT	82	28-76-8967	OMB N	o. 1545-0	008 FAST! Us	e		e	at www.ir	s.gov/efile.	
b Employer identification number				1 \	Wages, tips, other compe	nsation	2	Federal i	income tax	withheld	
88-3218614				195772.69			71366.0				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Johnson LLC and Sons				167329.83			1	12800.73			
187 Allen Drive				5 Medicare wages and tips				6 Medicare tax withheld			
Rodgersview WA 05639-6390				191005.69				5539.17			
Rodgersview WA 05639-6390				7 Social security tips			8	8 Allocated tips			
				167329.83				191005.69			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
2039830							231				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				278				8279			
Thomas Green				13 Statu		Third-party	12b				
4972 Derek Path Suite 068				employee plan sick pay				416			
Morsebury NY 88970-1401				14 Other (see enclosed Notice to Employee)) 12c	i			
									641		
							12d	12d			
								G	909		
f Employee's address and ZIP co 15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tr 1	9 Local inc	ome tax		20 Locality name	
TN 569-1!		90087.49	7669.42		170881.07		00000 00		Abbott Stream		
114 309-13		30001.43	7009.32		1,0001.07		. , 2 3 2	. 93		ADDOTT STREAM	
RI 543-84	4-741	105428.95	5495.61		145548.37	2	1894	. 64		Johnson Glens	

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 soci	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	TATEMENT	8:	28-76-8967	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Emplo	yer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
88-3218614				195772.69			71366.0				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Johnson LLC and Sons				167329.83			12800.73				
187 Allen Drive				5 Medicare wages and tips			6 Medicare tax withheld				
Rodgersview WA 05639-6390				191005.69			5539.17				
				7 Social security tips			8 Allocated tips				
				167329.83			191005.69				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
2039830							231				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				278			8279				
	Thomas Green			13 Statutory Retirement Third-party			12b				
4972 Derek Path Suite 068				employee plan sick pay 416			416				
	Managara NV 00070 1401				14 Other (see enclosed Notice to Employee)			12c			
Morsebury NY 88970-1401						641					
						12d					
									ĺ		
								G 909			
f Employee's address and ZIP code					1				1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name	
TN	569-15	5-811	90087.49	7669.42		170881.07	27	252.95		Abbott Stream	
RI	543-84	1-741	105428.95	5495.61		145548.37	21	.894.64		Johnson Glens	

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

