| REISSUED                                      | REISSUED a Employee's social security number |                            |                                     | Safe, Accurate,                            |                         |      |               | Visit the IRS Website           |           |                  |  |  |
|---|--|----------------------------|-------------------------------------|--|-------------------------|------|---------------|---------------------------------|-----------|------------------|--|--|
| STATEMENT                                     | 4.   | 59-37-5362                 | OMB N                               | o. 1545-000                                | 98 FAST! Us             | se 📉 | <b>5</b> ~111 | e                               | at www.ii | rs.gov/efile.    |  |  |
| <b>b</b> Employer identification n            | <b>b</b> Employer identification number      |                            |                                     | 1 Wages, tips, other compensation          |                         |      | 2             | Federal income tax withheld     |           |                  |  |  |
| 25-6238233                                    |  |                            |                                     |  | 210231.41               |      |               |                                 | 34473.96  |                  |  |  |
| c Employer's name, address, and ZIP code      |  |                            |                                     |  | 3 Social security wages |      |               | 4 Social security tax withheld  |           |                  |  |  |
| Brock, Robinson and Andrews and Sons          |  |                            |                                     | 223006.81                                  |                         |      | 1             | 17060.02                        |           |                  |  |  |
| 2241 Ashley Mews                              |  |                            |                                     | 5 Medicare wages and tips                  |                         |      | 6             | • modicaro tax maniola          |           |                  |  |  |
| -   |  |                            |                                     | 263964.96                                  |                         |      |               | 7654.98                         |           |                  |  |  |
| Michaelburgh HI 24761-5093                    |  |                            |                                     | 7 Social security tips                     |                         |      |               | 8 Allocated tips                |           |                  |  |  |
|   |  |                            |                                     | 223006.81                                  |                         |      |               | 263964.96                       |           |                  |  |  |
| d Control number                              |  |                            |                                     | 9 Advance EIC payment                      |                         |      | 10            | 10 Dependent care benefits      |           |                  |  |  |
| 4793462                                       |  |                            |                                     |  |                         |      |               | 233                             |           |                  |  |  |
| e Employee's first name and initial Last name |  |                            |                                     | 11 Nonqualified plans                      |                         |      | 12a           | 12a See instructions for box 12 |           |                  |  |  |
| _   |  |                            |                                     | 295  |                         |      |               | D 3967                          |           |                  |  |  |
| Tonya Johnston                                |  |                            | 13 Statutory Retirement Third-party |  |                         | 12b  |               |                                 |           |                  |  |  |
| 585 Christopher Village Apt. 493              |  |                            |                                     | employee plan sick pay                     |                         |      |               | P 473                           |           |                  |  |  |
| Gravesberg NV 58721-2511                      |  |                            |                                     | 14 Other (see enclosed Notice to Employee) |                         |      | ee) 12c       |                                 |           |                  |  |  |
|   |  |                            |                                     |  |                         |      | <i>,</i>      | _                               | <b></b>   |                  |  |  |
|   |  |                            |                                     | 1  |                         |      |               | E                               | 700       |                  |  |  |
|   |  |                            |                                     |  |                         |      | 12d           | 120                             |           |                  |  |  |
|   |  |                            |                                     |  |                         |      |               |                                 | 817       |                  |  |  |
| f Employee's address and                      |  | 1                          | T                                   |  |                         |      |               |                                 |           | 1                |  |  |
| 15 State Employer's sta                       |  | 16 State wages, tips, etc. | 17 State income tax                 |  | 18 Local wages, tips,   |      | 19 Local inc  |                                 |           | 20 Locality name |  |  |
| ME 79   | 5-77-832                                     | 97604.88                   | 13138.54                            |  | 268898.16               |      | 40542         | .06                             |           | Thomas Mission   |  |  |
|   |  | 100516 05                  | 10000                               |  | 060488 04               |      | 04400         |                                 |           |                  |  |  |
| NH 04'  | 7-50-245                                     | 100716.85                  | 12262.6                             |  | 268477.04               |      | 24139         | .06                             |           | Elliott Common   |  |  |

Wage and Tax Statement

Form W-2

5070

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.

| F   | REISSUED                         | a Employee's soci | al security number         |  | This information is being furnished to the Internal Revenue Service. If you are required  |           |                                 |                                |     |                  |  |  |
|---|----------------------------------|-------------------|----------------------------|--|---|-----------|---------------------------------|--------------------------------|-----|------------------|--|--|
| S   | TATEMENT                         | 4.                | 59-37-5362                 | 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>b</b> Emplo  | b Employer identification number |                   |                            |  | 1 Wages, tips, other compensation   |           |                                 | 2 Federal income tax withheld  |     |                  |  |  |
| 25-6238233  |                                  |                   |                            |  | 210231.41   |           |                                 | 34473.96                       |     |                  |  |  |
| <b>c</b> Emplo  | yer's name, address, and         | ZIP code          |                            |  | 3 Social security wages   |           |                                 | 4 Social security tax withheld |     |                  |  |  |
| Brock, Robinson and Andrews and Sons  |                                  |                   |                            | 223006.81                                  |   |           | 17060.02                        |                                |     |                  |  |  |
| 2241 Ashley Mews  |                                  |                   |                            | 5 Medicare wages and tips                  |   |           | 6 Medicare tax withheld         |                                |     |                  |  |  |
| _   |                                  |                   |                            | 263964.96                                  |   |           | 7654.98                         |                                |     |                  |  |  |
| Michaelburgh HI 24761-5093  |                                  |                   |                            |  | 7 Social security tips  |           |                                 | 8 Allocated tips               |     |                  |  |  |
|   |                                  |                   |                            |  |   | 223006.81 |                                 | 263964.96                      |     |                  |  |  |
| d Control number  |                                  |                   |                            |  | 9 Advance EIC payment   |           |                                 | 10 Dependent care benefits     |     |                  |  |  |
|   | 4793462                          |                   |                            |  |   |           |                                 |                                | 233 |                  |  |  |
| e Employee's first name and initial Last name   |                                  |                   |                            | 11 Nonqualified plans                      |   |           | 12a See instructions for box 12 |                                |     |                  |  |  |
| Tonya Johnston  |                                  |                   |                            | 295 13 Statutory Retirement Third-party    |   |           | D 3967                          |                                |     |                  |  |  |
|   |                                  |                   |                            | employee plan sick pay                     |   |           | 120                             | I                              |     |                  |  |  |
|   | 585 Christopher Village Apt. 493 |                   |                            |  |   | X         |                                 | P                              | 473 |                  |  |  |
| Gravesberg NV 58721-2511  |                                  |                   |                            | 14 Other (see enclosed Notice to Employee) |   |           | 12c                             |                                |     |                  |  |  |
|   |                                  |                   |                            |  |   |           | E                               | 700                            |     |                  |  |  |
|   |                                  |                   |                            |  |   | -         | 12d                             | 1.00                           |     |                  |  |  |
|   |                                  |                   |                            |  |   |           | 817                             |                                |     |                  |  |  |
| 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.  | 40.1      | ocal income ta                  |                                | 20  |                  |  |  |
|   |                                  |                   | 16 State wages, tips, etc. |  |   |           |                                 |                                |     | 20 Locality name |  |  |
| ME  | 795-77                           | 7-832             | 97604.88                   | 13138.54                                   |   | 268898.16 |                                 | 40542.06                       |     | Thomas Mission   |  |  |
| NH  | 047-50                           | )-245             | 100716.85                  | 12262.6                                    |   | 268477.04 | 24                              | 139.06                         |     | Elliott Common   |  |  |

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

