REIS	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						e IRS Website		
STAT	EMENT	0.0	3-01-4555	OMB No	o. 1545-0	0008 FAS	Γ! Use			at www	.irs.gov/efile.		
b Employer id	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
25-2530443					145951.66				47304.54				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Johnson-Michael PLC					136641.73				10453.09				
6614 Marissa Place Pearsonside OK 01746-1531					5 Medicare wages and tips				6 Medicare tax withheld				
					102953.73				2985.66				
re	Pearsonside Ok 01/46-1551					7 Social security tips			8 Allocated tips				
					136641.73				102953.73				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
5953603									179				
e Employee's	first name and initial	Last name	1		11 Nonqualified plans				12a See instructions for box 12				
~ 1					110				9964				
Sharon Hayes 000 Dale Camp Suite 550				13 Statutory Retirement Third-party employee plan sick pay				12b	1				
								E	804				
.To	nnastad	МТ	63915-0578		14	Other (see enclose	d Notice to Emplo	yee)	12c				
56	Delmastad MI 03913-0376								F	772			
									12d				
									_				
								-	G	418			
	address and ZIP code mployer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Local wages	tins etc	19 10	ocal incom	e tay	20 Locality name		
ID	008-63		71269.91	4694.23		155543.			948.6		•		
10	000-03		11209.91	4034.23		133343.	<u> </u>	103	, 40.0	,	Alexander Wall		
WA	301-95	-151	74919.87	3982.13		135154.	91	280	96.6	8	Taylor Coves		

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	0	03-01-4555	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					1 Wages, tips, other compensation			2 Federal income tax withheld			
25-2530443					145951.66			47304.54				
c Emplo	yer's name, address, and	3 Social security wages			4 Social security tax withheld							
Johnson-Michael PLC						136641.73			10453.09			
6614 Marissa Place					5 Medicare wages and tips 102953.73			6 Medicare tax withheld 2985.66				
					136641.73			102953.73				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5953603								179			
e Emplo	yee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
	Sharon Hayes					110			9964			
						utory Retirement Third-party		12b	1			
	000 Dale Camp Suite 550				employee plan sick pay			P	804			
	Jennastad MT 63915-0578				14	Other (see enclosed Notice to Employ	ree)	12c	i			
								н	772			
								12d				
								G 418				
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.	10 1	Local income tax		20 Locality name			
	• •		J			1.0			•			
ID	008-63	5-38 9	9 71269.91 4694.23		155543.01 16			948.68	Alexander Wall			
WA	301-95	301-95-151 74919.87 3982.13		3982.13	135154.91 28		096.68	Taylor Coves				

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

