RI	EISSUED	a Employee's socia	•			Safe,	Accurate,	e D	.∠GH		Visit the	IRS Website	
ST	ATEMENT	18	37-14-6674	OMB N	lo. 1545-0	0008 FAST	! Use	<u></u>		e	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
86-1288409						144624.36			24177.4				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Johnson-Owens Group						110544.02				8456.62			
87627 Tony Center Suite 836					5 Medicare wages and tips				6 Medicare tax withheld				
					153445.67				4449.92				
Į P	Andersonview DC 40352-4923					7 Social security tips				8 Allocated tips			
					110544.02				153445.67				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
6166830									107				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
7	Andrew Mitchell					240			D 4276				
	Andrew Mitchell 2527 Maria Brook				13 Statutory Retirement Third-party sick pay				12b	í			
2										E	339		
F	Hawkinsberg LA 83668-4058					14 Other (see enclosed Notice to Employee)				12c			
										н	809		
										12d			
										н	677		
f Employe	ee's address and ZIP code	a						-			077		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages	tips, etc.	19 L	ocal inco	me tax		20 Locality name	
IN	384-92	-073	69805.79	3234.01		132400.	55	17	034.	21		Torres Valley	
KS	745-17	-881	68903.9	4330.87		149474.	46	25	042.	75		Timothy Stream	

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.

REISSU	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you											
STATEM	IENT	1	87-14-6674	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 Employer identific	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
86-1288409						144624.36			24177.4			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Johnson-Owens Group						110544.02			8456.62			
87627 Tony Center Suite 836 Andersonview DC 40352-4923					5	Medicare wages and tips		6 Medicare tax withheld				
						153445.67		4449.92				
					7	Social security tips		8 Allocated tips				
						110544.02		153445.67				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
61668	330					107						
e Employee's first n	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Andr	Andrew Mitchell					240 13 Statutory Retirement Third-party			D 4276			
						utory Retirement Third-party loyee <u>plan</u> <u>sick pay</u>		12b				
2527	Maria	a Brook				X X		E	339			
Hawk	insbe	ror LA	83668-4058		14	Other (see enclosed Notice to Employ	ee)	12c				
								н	809			
								12d				
								н	677			
f Employee's address and ZIP code									• • •			
	yer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lc	ocal income tax		20 Locality name		
IN	384-92	2-073	69805.79	3234.01	132400.55 1		170	034.21		Torres Valley		
KS	745-17-881 68903.9 4330.87			149474.46	250	042.75		Timothy Stream				

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

