REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							
STATEMEN	•	84-80-0356	OMB N	o. 1545-000					rs.gov/efi	le.	
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
10-8116	10-8116774				67501.69			24799.75			
c Employer's name, add	ress, and ZIP code			3 Sc	3 Social security wages			4 Social security tax withheld			
Johnson, Jones and Fuller Inc				50485.35			3862	3862.13			
74439 Erica Skyway Suite 075				5 Medicare wages and tips			6 Medica				
					82006.78			2378.2			
Stokesshire GA 90603-7319				7 Social security tips			8 Allocat				
					50485.35			82006.78			
d Control number				9 Ac	9 Advance EIC payment			10 Dependent care benefits			
1362537								284			
e Employee's first name and initial Last name				11 No	11 Nonqualified plans			12a See instructions for box 12			
				227			7786				
Anthony Irwin				13 Statutory Retirement Third-party employee plan sick pay			1				
63681 Holland Ferry Apt. 675				employ	ee plan	x x	P	824			
Port Matthew WV 25327-4002				14 Ot	ner (see enclosed Notic	e to Employee	e) 12c	ı			
						P	599				
							12d				
								504			
f Employee's address a	nd 7ID code							304			
	state ID number	16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, e	tc. 1	9 Local income ta:	(20 Local	ity name	
NM 88	35-64-684	35080.86	4180.45		70825.45	1	13030.01		John	Roads	
WA 76	8-15-184	36138.01	138.01 3883.19		73063.4		8816.48		Lisa	Haven	
Wage and Tax					Department of the TreasuryInternal Revenue Service						
Statement CUL											

Statement Form W-2 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 soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	8	84-80-0356	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				
10-8116774					67501.69			24799.75				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Johnson, Jones and Fuller Inc				50485.35			3862.13					
74439 Erica Skyway Suite 075				5 Medicare wages and tips			6 Medicare tax withheld					
					82006.78			2378.2				
Stokesshire GA 90603-7319				7 Social security tips			8 Allocated tips					
					50485.35			82006.78				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	1362537								284			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Anthony Irwin				227 13 Statutory Retirement Third-party			7786					
C2C01 Walland Barrer 3rd - C75						oyee plan sick pay			004			
63681 Holland Ferry Apt. 675						X		P	824			
	Port Matthew WV 25327-4002					14 Other (see enclosed Notice to Employee)			12c			
						P 599						
							-	12d				
							504					
f Emplo 15 State	oyee's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1	ocal income	tov	20 Locali	v nama	
											•	
NM	885-64	1-084	35080.86	4180.45		70825.45		030.0	T	John	Roads	
WA	768-15	5-184	36138.01	3883.19		73063.4		16.48		Lisa	Haven	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

