REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website		
STATEMENT	28	38-45-3038	OMB N	o. 1545-0	008 FAST! Use		Tile .	at www.irs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld		
71-1687983					54778.81			10555.86		
c Employer's name, address	, and ZIP code			3 Social security wages			4 Social security tax withheld			
Johnson, Garcia and Allen PLC				40873.79			3126.84			
67592 Wilkerson Way Apt. 645				5 Medicare wages and tips			6 Medicare tax withheld			
Smithberg WV 89146-7553				54816.96			1589.69			
Smithberg WV 89140-7555				7 Social security tips			8 Allocated tips			
				40873.79			54816.96			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
7648006							138			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Dale Bolton				198			5756			
				13 Statutory Retirement Third-party employee plan sick pay			12b	İ		
062 Robin Center				Citie	X	SICK Pay	Н	140		
Charleshaven DC 54190-0499				14 Other (see enclosed Notice to Employee)			12c			
								228		
						12d				
								E 2.4		
								534		
f Employee's address and 2 15 State Employer's stat		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	20 Locality name		
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	-75-362	27027.92	1967.77		70818.73		382.98			
MI 293	- 13-362	21021.92	1201.11		10010.73	/ 3	302.30	William Key		
w∨ 754	-68-451	26731.76	2606.57		55522.29	59	973.24	Hutchinson Oval		

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.

RF	EISSUED	a Employee's socia	al security number			This information is being furnis	hed to t	he Internal Re	venue Serv	rice. If you are required	
	ATEMENT	28	38-45-3038	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 identification number				Wages, tips, other compensation			2 Federal income tax withheld			
71-1687983					54778.81			10555.86			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Johnson, Garcia and Allen PLC				40873.79			3126.84				
67592 Wilkerson Way Apt. 645				5 Medicare wages and tips			6 Medicare tax withheld				
Smithberg WV 89146-7553					54816.96		1589.69				
				7 Social security tips			8 Allocated tips				
						40873.79		54816.96			
d Control r	d Control number				9 Advance EIC payment			10 Dependent care benefits			
7648006							138				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Dale Bolton 062 Robin Center Charleshaven DC 54190-0499				198			5756				
				13 Statutory Retirement Third-party employee X Statutory Plan Sick pay X Statutory Plan Statutor			12b	ı			
							H				
							12c				
								228			
				ļ			12d				
									534		
	ee's address and ZIP cod										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax		20 Locality name	
MI	295-75	-362	27027.92	1967.77		70818.73	738	32.98		William Key	
WV	754-68	-451	26731.76	2606.57		55522.29	597	3.24		Hutchinson Oval	

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

