F	EISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website					
S	TATEMENT	03	0-45-86	93	OM	MB No. 1545	-0008	FAST! Us	se	G ~ II	16	at www.i	rs.gov/efile.		
b Employer identification number						1	1 Wages, tips, other compensation				2 Federal income tax withheld				
60-4897219							223930.74				40747.45				
c Employer's name, address, and ZIP code						3	3 Social security wages				4 Social security tax withheld				
Roach-Johnson Group							239363.99				18311.35				
53913 Parker Courts Suite 056 Emilyton MS 01410-6496					5	gg				6 Medicare tax withheld					
						160753.54				4661.85					
					7	7 Social security tips				8 Allocated tips					
							239363.99				160753.54				
d Control number						9	9 Advance EIC payment 10 Dependent care benefit					enefits			
7139774											205				
e Employee's first name and initial Last name						11	11 Nonqualified plans				12a See instructions for box 12				
Thomas Rhodes 63288 Williams Hills Apt. 262 Lake Heatherport OH 45032-0358							177 13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee)				6816				
						er					849				
						14					12c				
											610				
										12d					
											D	280			
f Emplo	vee's address and ZIP cod	۵										200			
15 State	Employer's state ID nu		16 State wages	, tips, etc.	17 State income	tax	18 Lo	cal wages, tips,	etc.	19 Local in	come tax	(20 Locality name		
TX	265-34	-318	120985.	91	4307.53		222	631.71		35214	.21		Patrick Gle		
МТ	036-84	-807	118722.	01	5500.77		189	055.72		39235	.71		Crystal Driv		

Wage and Tax Statement 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.

REISSUED	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT 030-45-8693 OMB1					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	1 '	,				2 Federal income tax withheld						
60-4897219			223930.74				40747.45					
c Employer's name, address, an	d ZIP code	3	3 Social security wages				4 Social security tax withheld					
Roach-John		239363.99				18311.35						
53913 Park	5					6 Medicare tax withheld						
Emilastan		160753.54				4661.85						
Emilyton	7	7 Social security tips				8 Allocated tips						
		239363.99				160753.54						
d Control number	9 /	9 Advance EIC payment			10 Dependent care benefits							
7139774					205							
e Employee's first name and initi	11	11 Nonqualified plans			12a See instructions for box 12							
mb		177			6816							
Thomas	13 Statutory Retirement Third-party				12b							
63288 Wil	emp	employee plan sick pay X 14 Other (see enclosed Notice to Employee)				849						
Lake Heat	14					12c						
nake near					610							
					12d							
					_ 1.	000						
					D 2	280						
f Employee's address and ZIP c		Tab Out	147 0000		140 1		40 ! '			00 1		
15 State Employer's state ID		16 State wages, tips, etc.	17 State income		3.7,7,7		9 Local income tax		20 Locality			
TX 265-3	4-318	120985.91	4307.53	<u> </u>	222631.71 3		35214.21			Patrick	Glen	
MT 036-8	4-807	118722.01	5500.77	7	189055.72	3	39235	.71		Crystal	Drive	

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

