| REISSUED a                                    | REISSUED a Employee's social security number |                     |                                                            | Safe, Accurate, Visit the IRS V |       |                                 |             |                        | Website       |  |
|-----------------------------------------------|----------------------------------------------|---------------------|------------------------------------------------------------|---------------------------------|-------|---------------------------------|-------------|------------------------|---------------|--|
| STATEMENT                                     | 584-28-0451                                  | OMB No              | o. 1545-00                                                 | 08 FAST! Use                    |       |                                 | <b>G</b> at | t www.irs.g            | ov/efile.     |  |
| b Employer identification number              |                                              |                     | 1 Wages, tips, other compensation                          |                                 |       | Federal income tax withheld     |             |                        |               |  |
| 06-9379362                                    |                                              |                     | 95425.47                                                   |                                 |       | 29710.75                        |             |                        |               |  |
| c Employer's name, address, and ZIP           | code                                         |                     | 3 Social security wages                                    |                                 |       | 4 Social security tax withheld  |             |                        |               |  |
| Johnson, Gonzalez and Hickman Group           |                                              |                     | 75204.27                                                   |                                 |       | 5753.13                         |             |                        |               |  |
| 24380 Santiago Islands Apt. 365               |                                              |                     | 5 Medicare wages and tips                                  |                                 |       | 6 Medicare tax withheld         |             |                        |               |  |
| Kristinfort MO 08500-0948                     |                                              |                     | 104454.76                                                  |                                 |       | 3029.19                         |             |                        |               |  |
| KIISCIIIIOIC MO 00300-0940                    |                                              |                     | 7 Social security tips                                     |                                 |       | 8 Allocated tips                |             |                        |               |  |
|                                               |                                              |                     |                                                            | 75204.27                        |       |                                 | 104454.76   |                        |               |  |
| d Control number                              |                                              |                     |                                                            | 9 Advance EIC payment 10 De     |       |                                 |             | ependent care benefits |               |  |
| 6557616                                       |                                              |                     |                                                            |                                 |       |                                 | 190         |                        |               |  |
| e Employee's first name and initial Last name |                                              |                     | 11 Nonqualified plans                                      |                                 |       | 12a See instructions for box 12 |             |                        |               |  |
| Daniel Yang                                   |                                              |                     | 131                                                        |                                 |       | 8272                            |             |                        |               |  |
|                                               |                                              |                     | 13 Statutory Retirement Third-party employee plan sick pay |                                 |       | 12b                             |             |                        |               |  |
| 5983 Nicole Squares Apt. 481                  |                                              |                     |                                                            | employee plan sick pay          |       |                                 | D 176       |                        |               |  |
| New Charlene NE 76418-2017                    |                                              |                     | 14 Other (see enclosed Notice to Employee)                 |                                 |       |                                 | 12c         |                        |               |  |
|                                               |                                              |                     |                                                            |                                 |       |                                 | E 898       |                        |               |  |
|                                               |                                              |                     |                                                            |                                 |       | 12d                             |             |                        |               |  |
|                                               |                                              |                     |                                                            |                                 |       |                                 | P 2         | 218                    |               |  |
| f Employee's address and ZIP code             |                                              |                     |                                                            |                                 |       |                                 |             |                        |               |  |
| 15 State Employer's state ID number           | er 16 State wages, tips, etc.                | 17 State income tax |                                                            | 18 Local wages, tips, et        | c. 19 | Local inc                       | ome tax     | 20                     | Locality name |  |
| CA 620-49-8                                   | 821 45324.57                                 | 1936.27             |                                                            | 81864.53                        | 1'    | 7422                            | . 49        | Re                     | eed Coves     |  |
| NV 489-13-2                                   | 217 48050.71                                 | 2694.83             |                                                            | 98465.13                        | 10    | 6630                            | . 1         | K                      | eith Spur     |  |

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--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                         | 58                | 84-28-0451                                 | 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>b</b> Emplo                                               | b Employer identification number |                   |                                            |                                      | 1 Wages, tips, other compensation                                                                                                                         |                                 |                                 | 2 Federal income tax withheld |     |  |                        |
| 06-9379362                                                   |                                  |                   |                                            |                                      | 95425.47                                                                                                                                                  |                                 |                                 | 29710.75                      |     |  |                        |
| c Employer's name, address, and ZIP code                     |                                  |                   |                                            | 3 Social security wages              |                                                                                                                                                           |                                 | 4 Social security tax withheld  |                               |     |  |                        |
| Johnson, Gonzalez and Hickman Group                          |                                  |                   |                                            | 75204.27                             |                                                                                                                                                           |                                 | 5753.13                         |                               |     |  |                        |
| 24380 Santiago Islands Apt. 365<br>Kristinfort MO 08500-0948 |                                  |                   |                                            | 5 Medicare wages and tips 104454.76  |                                                                                                                                                           |                                 | 6 Medicare tax withheld 3029.19 |                               |     |  |                        |
|                                                              |                                  |                   |                                            |                                      |                                                                                                                                                           |                                 |                                 |                               |     |  | 7 Social security tips |
|                                                              |                                  |                   |                                            |                                      |                                                                                                                                                           |                                 |                                 | 75204.27                      |     |  | 104454.76              |
| d Control number                                             |                                  |                   |                                            | 9 Advance EIC payment                |                                                                                                                                                           |                                 | 10 Dependent care benefits      |                               |     |  |                        |
| 6557616                                                      |                                  |                   |                                            |                                      |                                                                                                                                                           |                                 |                                 | 190                           |     |  |                        |
| e Employee's first name and initial Last name                |                                  |                   | 11 Nonqualified plans                      |                                      |                                                                                                                                                           | 12a See instructions for box 12 |                                 |                               |     |  |                        |
| Daniel Yang                                                  |                                  |                   | 131                                        |                                      |                                                                                                                                                           | 8272                            |                                 |                               |     |  |                        |
|                                                              |                                  |                   | 13 Statutory Retirement Third-party        |                                      |                                                                                                                                                           | 12b                             |                                 |                               |     |  |                        |
| 5983 Nicole Squares Apt. 481                                 |                                  |                   |                                            | emp                                  | oloyee plan sick pay                                                                                                                                      |                                 |                                 | D                             | 176 |  |                        |
| New Charlene NE 76418-2017                                   |                                  |                   | 14 Other (see enclosed Notice to Employee) |                                      |                                                                                                                                                           |                                 |                                 |                               |     |  |                        |
|                                                              |                                  |                   | 14                                         | Carer (acc cholosed Notice to Employ | 00)                                                                                                                                                       |                                 | 1                               |                               |     |  |                        |
|                                                              |                                  |                   |                                            |                                      |                                                                                                                                                           |                                 | E                               | 898                           |     |  |                        |
|                                                              |                                  |                   |                                            |                                      |                                                                                                                                                           | 12d                             | 1                               |                               |     |  |                        |
|                                                              |                                  |                   |                                            |                                      |                                                                                                                                                           |                                 | P                               | 218                           |     |  |                        |
|                                                              | yee's address and ZIP co         |                   |                                            |                                      |                                                                                                                                                           |                                 |                                 |                               |     |  |                        |
| 15 State                                                     | Employer's state ID n            | umber             | 16 State wages, tips, etc.                 | 17 State income tax                  |                                                                                                                                                           | 18 Local wages, tips, etc. 19   |                                 | Local income tax              |     |  | 20 Locality name       |
| CA                                                           | 620-49                           | 9-821             | 45324.57                                   | 1936.27                              |                                                                                                                                                           | 81864.53                        |                                 | 7422.49                       |     |  | Reed Coves             |
| NV                                                           | 489-13                           | 3-217             | 48050.71                                   | 2694.83                              |                                                                                                                                                           | 98465.13                        |                                 | 6630.1                        |     |  | Keith Spur             |

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

