| F | REISSUED a Employee's social security number | | | | Safe, Accurate, Visit the IRS | | | | | IRS Website | | | |
|--|--|-----------------------------|----------------------------|---------------------|-------------------------------------|--|---------------------|--------------|---------------------------------|--------------------------------|--------------|------------------|--|
| S | TATEMENT | 16 | 52-84-4734 | OMB N | lo. 1545- | 8000 | FAST! Use | | G | ≁file_ | at www. | irs.gov/efile. | |
| b Emplo | yer identification number | | | | 1 | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 56-8425837 | | | | | | 79724.76 | | | | 26763.3 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Tyler-Johnson PLC | | | | | | 66558.08 | | | | 5091.69 | | | |
| 982 Wilson Harbors Apt. 777 Lake Teresa WI 56936-9552 | | | | | 5 | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| | | | | | 92409.53 | | | | 2679.88 | | | | |
| | | | | | 7 | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | | | 66558.08 | | | | 92409.53 | | | |
| d Control number | | | | | 9 | Advance | EIC payment | | | 10 Deper | ndent care b | enefits | |
| 2240191 | | | | | | | | | | | 234 | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| Julia Wright | | | | | 276 | | | | E 5015 | | | | |
| | | | | | 13 Statutory Retirement Third-party | | | | 12b | 1 | | | |
| | 09855 Smith Oval | | | | employee plan sick pay | | | | | | | | |
| | West Pamela SC 04183-4157 | | | | | 14 Other (see enclosed Notice to Employee) | | | | 12c | | | |
| | nest famera so virus iro | | | | | | | | | | 223 | | |
| | | | | | | | | | | 12d | | | |
| | | | | | | | | | | н | 479 | | |
| f Employee's address and ZIP code | | | | | | | | | П 4/3 | | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | ļ | 18 Loc | cal wages, tips, et | C. | 19 I | Local income ta | ıx | 20 Locality name | |
| PA | 194-08 | -962 | 36120.35 | 2849.89 | | 61007.5 | | 97 | 59.13 | | Reed Village | | |
| | | | | | | - · · • | | | | | | | |
| MO | 531-14 | 531-14-779 40370.75 3376.93 | | 74661.78 | | 13 | 581.78 | Ramirez Neck | | | | | |

Wage and Tax Statement

Form W-2

5070

Department of the Treasury--Internal Revenue Service

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 socia | l security number | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | | |
|---|---|--------------------|-------------------|--|---|--------------------------------------|--------------------------------|----------------------------|---------------------------------|--------------|--|--|
| S | TATEMENT | 16 | 52-84-4734 | 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 | | | | | Vages, tips, other compensation | 2 Federal income tax withheld | | | | | |
| 56-8425837 | | | | | | 79724.76 | 26763.3 | | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 S | ocial security wages | 4 Social security tax withheld | | | | | |
| Tyler-Johnson PLC | | | | | | 66558.08 | 5091.69 | | | | | |
| 982 Wilson Harbors Apt. 777 Lake Teresa WI 56936-9552 | | | | | 5 N | ledicare wages and tips | 6 Medicare tax withheld | | | | | |
| | | | | | | 92409.53 | 2679.88 | | | | | |
| | | | | | 7 S | ocial security tips | 8 Allocated tips | | | | | |
| | | | | | | 66558.08 | 92409.53 | | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 2240191 | | | | | | | | | 234 | | | |
| e Emplo | e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | Julia Wright 09855 Smith Oval West Pamela SC 04183-4157 | | | | | 276 | E 5015 | | | | | |
| | | | | | 13 Statu | | 12b | | | | | |
| | | | | | employee plan sick pay | | | | | | | |
| | | | | | 14 | Other (see enclosed Notice to Employ | 12c | | | | | |
| | | | | | | | 223 | | | | | |
| | | | | | | | 12d | | | | | |
| | | | | | | | | | 450 | | | |
| | | | | | | | н 479 | | | | | |
| f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax | | | | | 18 Local wages, tips, etc. | 10 | Local income tax | | 20 Locality name | | | |
| | 194-08 | | 36120.35 | 2849.89 | | 3.7,1,7, | | 9759.13 | | | | |
| PA | 194-08 |)-90∠ | 30120.33 | 2049.09 | | 61007.5 | | 7139.13 | | Reed Village | | |
| МО | 531-14 | -779 | 40370.75 | 3376.93 | | 74661.78 | | 13581.78 | | Ramirez Neck | | |

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

