REISSUED a Employee's social security number						Safe, Acc	urate,	0 1/	Ha	Visit the	IRS Webs	ite		
S	TATEMENT	59	96-41-8385	OMB N	lo. 1545-00	08 FAST! Us	se	51	ile	at www.i	rs.gov/efile).		
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld				
	81-7895820	120851.94				21475.75								
c Emplo	yer's name, address, and 2	3 S	3 Social security wages				4 Social security tax withheld							
	Stewart, Wh		152722.01				11683.23							
	719 Hanson	5 M					6 Medicare tax withheld							
Tulishamanah NM 70124 0120						156713.54				4544.69				
Julieborough NM 70134-0139						7 Social security tips				8 Allocated tips				
			152722.01				156713.54							
	ol number	9 Advance EIC payment				10 Dependent care benefits								
8353598										231				
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
					222				8193					
Andrea Johnson						ory Retirement yee plan	12	b	i .					
45805 Adam Plains Suite 548							x sick pay		E	608				
Sandymouth AR 46270-7273						ther (see enclosed Not	ce to Employe	ee) 12	С	ı				
	-						660							
										1				
									E	754				
	yee's address and ZIP cod	е												
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local	income tax	(20 Locality	name /		
OK	686-41	-156	55080.24	6311.29		146815.94		1854	3.81		Michaela	Tunnel		
UT	056-29	-227	58537.22	7715.8		131537.78		1629	3.31		Price	Views		
Wage and Tax					П	Department of the TreasuryInternal Revenue Service								
Form W-2 Statement					u									

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are req										
ST	STATEMENT 596-41-8385 OMB N					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	1 Wages, tips, other compensation				2 Federal income tax withheld					
8		120851.94				21475.75									
c Employe	3	3 Social security wages				4 Social security tax withheld									
S		152722.01				11683.23									
719 Hanson Centers						5 Medicare wages and tips				6 Medicare tax withheld					
_							156713.54				4544.69				
Julieborough NM 70134-0139						7 Social security tips				8 Allocated tips					
						152722.01				156713.54					
d Control number						9 Advance EIC payment				10 Dependent care benefits					
8353598										231					
e Employe	e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12				
						222				8193					
Andrea Johnson 45805 Adam Plains Suite 548 Sandymouth AR 46270-7273						13 Statutory Retirement Third-party					12b				
						employee plan sick pay X 14 Other (see enclosed Notice to Employee)				E 608					
										12c					
										E 660					
									-	12d					
										_	754				
										E 754					
f Employe	ee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	l l	18 Local	wanes tine	etc	19 10	cal inco	me tav		20 Locality name		
OK	686-41		55080.24	6311.29		3.7,7,7			.8543.81			,			
OK	080-41	-136	33080.24	0311.29		140813.94		182	0343.81			Michaela Tunnel			
UT	056-29-227 58537.22 7715.8				131537.78			162	.6293.31			Price Views			

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

