REISSUED a Employee's social	security number			Safe, Accurate,				Visit the IRS Website			
STATEMENT 15	3-29-8425	OMB N	o. 1545-000	98 FAST! Use			a	t www.ir	s.gov/efile.		
<b>b</b> Employer identification number			1 W	ages, tips, other compens	ation	2	2 Federal income tax withheld				
57-6893888		89369.6			22828.31						
c Employer's name, address, and ZIP code			<b>3</b> Sc	3 Social security wages			4 Social security tax withheld				
Johnson, Fletcher and Rose and Sons				86761.58			6637.26				
92172 Amber Springs	5 Me	6									
Dicksonstad SC 25965-2949				62754.4				1819.88			
				7 Social security tips				8 Allocated tips			
				86761.58			62754.4				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
50064							159				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Michelle Moore 853 Nolan Cove Stephenton SC 74927-9224				237			9960				
				13 Statutory Retirement Third-party employee plan sick pay							
				Sin pay				392			
				14 Other (see enclosed Notice to Employee)							
							P S	962			
						12d	12d				
								289			
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.	1	9 Local inc	ome tax		20 Locality r	name	
GA 050-12-653	43457.42	4101.89		71524.94	1	.3285	.29		Ricky S	treet	
OR 366-60-658	47209.49	4328.75		103126.55	1	L0771	.86		Hampton V	/illage	

Wage and Tax

Form W-2 Statement

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.

R	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	<b>TATEMENT</b>	1.	53-29-8425	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> Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld				
57-6893888				89369.6			22828.31				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Johnson, Fletcher and Rose and Sons				86761.58			6637.26				
92172 Amber Springs				5 Medicare wages and tips 62754.4			6 Medicare tax withheld 1819.88				
Dicksonstad SC 25965-2949				7 Social security tips			8 Allocated tips				
				86761.58			62754.4				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
50064								159			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Michelle Moore 853 Nolan Cove Stephenton SC 74927-9224				237			9960				
				13 Statutory Retirement Third-party employee plan sick pay  14 Other (see enclosed Notice to Employee)			12b	i			
							G 392				
							12c				
boophenson bo 71327 3221						E	962				
					-	12d	1				
							289				
	yee's address and ZIP coo		140 00000000000000000000000000000000000	17 State income tax		140 1	40.1	ocal incom		100 1	
15 State	Employer's state ID no		16 State wages, tips, etc.			18 Local wages, tips, etc.				20 Locality name	
GA	050-12	2-653	43457.42	4101.89		71524.94	13	285.2	29	Ricky Street	
OR	366-60	)-658	47209.49	4328.75		103126.55	10	771.8	36	Hampton Village	

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

