F	REISSUED	a Employee's socia	•			Safe, A	ccurate,	28.2	z#I	Visit the	IRS Websit	te
S	TATEMENT	01	.1-07-4637	OMB N	No. 1545-0	008 FAST!	Use	G	<b>file</b>	at www.i	rs.gov/efile.	
<b>b</b> Emplo	yer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld			
67-9238901						54586.61			15688.98			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Mccoy, Johnson and Gould LLC						38718.28			2961.95			
222 Gabriela Lights Caroltown LA 52937-7461					5 Medicare wages and tips				6 Medicare tax withheld			
					47246 . 49 7 Social security tips				1370.15  8 Allocated tips			
Calolcowii LA 52957 7401					1							
						38718.28			47246.49			
	ol number				9	Advance EIC paymer	nt		10 Depen	dent care be	enefits	
424886										233		
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
						276			н 6825			
Elizabeth Gordon					13 Statutory Retirement Third-party employee plan sick pay				12b	1		
	230 Smith Plains Suite 937				X X SICK PAY				G	628		
	Johnsonview TN 27389-1794				14 Other (see enclosed Notice to Employee)				12c	i		
								P	559			
									12d	ı		
									D	885		
	yee's address and ZIP cod	e								•		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	•	18 Local wages, ti	ps, etc.	19 Lo	ocal income tax		20 Locality	name
DE	405-89	-122	29977.96	2423.78		57720.59 1		105	.0560.17		Rhodes	Pass
AL	636-19	-761	28104.3	3041.96	43069.01 55		553	35.2	Montgome	ry Flat		

Wage and Tax

Form W-2 Statement

5010

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.

	EISSUED <sup>a E</sup>	mployee's social security number 011-07-4637	OMB No	This information is being furnished to the Internal Revenue Service. If you are required 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  67 – 9238901				1 Wages, tips, other compensation 54586.61			2 Federal income tax withheld 15688.98			
c Employer's name, address, and ZIP code  Mccoy, Johnson and Gould LLC				3 Social security wages 38718.28 5 Medicare wages and tips			4 Social security tax withheld 2961.95 6 Medicare tax withheld			
222 Gabriela Lights Caroltown LA 52937-7461				47246.49 7 Social security tips 38718.28			1370.15  8 Allocated tips 47246.49			
d Control number 424886				9 Advance EIC payment			10 Dependent care benefits 233			
e Employee's first name and initial Last name  Elizabeth Gordon  230 Smith Plains Suite 937				11 Nonqualified plans 276  13 Statutory Retirement Third-party sick pay X X			12a See instructions for box 12 H 6825  12b G 628			
	Johnsonview	TN 27389-1794		14 0	ther (see enclosed Notice to Employ	ree)	12c P 12d D	559 885		
f Emplo	yee's address and ZIP code Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
DE	405-89-1	22 29977.96	2423.78		57720.59	10	560.17		Rhodes Pass	
AL	636-19-7	61 28104.3	3041.96		43069.01	55	35.2		Montgomery Flat	

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

