REISSUED a Employee's socia	•			Safe, Accura	te,	-2 G H		the IRS Webs	site		
STATEMENT 18	86-12-1582	OMB No	o. 1545-0	008 FAST! Use			at w	ww.irs.gov/efil	e.		
b Employer identification number			1 \	Wages, tips, other compensa	ition	2	Federal incom	ne tax withheld			
39-5790800				232445.63	32720.41						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Dyer, Jones and Johnson Inc				163169.57			12482.47				
24177 Rita Knoll Suite 419				Medicare wages and tips	6 Medicare tax withheld						
West Becky NC 56361-2651			213888.34			6202.76					
west becky NC 50501-2051			7 Social security tips			8 Allocated tips					
				163169.57			213888.34				
d Control number			9 /	Advance EIC payment		10	Dependent ca				
9868465							29	3			
e Employee's first name and initial Last name	1		11 1	Nonqualified plans		12a	See instructi	ons for box 12			
Patrick Floyd			157			1101					
			13 Statutory Retirement Third-party employee plan sick pay			12b					
7001 Jeremy Parkway Apt. 455			emp	loyee plan si	ick pay		D 30	3			
Charlenemouth VT 67633-1143			14 (Other (see enclosed Notice to	12c	1					
							н 19	1			
						12d					
							н 56	6			
f Employee's address and ZIP code							00				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inco	ome tax	20 Locali	ty name		
MN 340-79-425	106826.14	12066.95		172960.24	41	L222.	. 05	Osborne	Spring		
VA 502-34-328	115922.37	15397.57		175819.97	31	L456.	. 3	Anna	Club		

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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 soci	•		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								
	TATEMENT	18	86-12-1582	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.								
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld					
39-5790800					232445.63				32720.41				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Dyer, Jones and Johnson Inc					163169.57				12482.47				
24177 Rita Knoll Suite 419				5 Medicare wages and tips				6 Medicare tax withheld					
West Becky NC 56361-2651			213888.34				6202.76						
			7 Social security tips				8 Allocated tips						
			163169.57				213888.34						
d Control number			9 Advance EIC payment			10 Dependent care benefits							
9868465									293				
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Patrick Floyd			157 13 Statutory Retirement Third-party				1101						
7001 Tanama Dankara 3nd 4FF				employee plan sick pay				D 303					
7001 Jeremy Parkway Apt. 455								D	303				
Charlenemouth VT 67633-1143			14 Other (see enclosed Notice to Employee)				12c						
										H	191		
								f	12d				
										н	566		
	oyee's address and ZIP coo		Transis is a	Transition in		1		1.0				Tag. 11.	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wag				ome tax		20 Locality	/ name
MN	340-79	9-425 	106826.14	12066.95		172960).24	41	222	. 05		Osborne	Spring
VA	502-34	1-328	115922.37	15397.57		175819	9.97	31	456	. 3		Anna	Club

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

