REISSUED a Employee's social security number			Safe, Accur	ate,	THE STATE OF THE S		RS Website	
STATEMENT 044-70-4735	OMB N	o. 1545-00	DOS FAST! Use		7 1111	at www	irs.gov/efile.	
b Employer identification number		1 V	Vages, tips, other compens	ation	2 F	ederal income ta	ax withheld	
15-0304182			197068.13			49699.95		
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld		
Johnson LLC PLC			228033.41			17444.56		
98323 Dennis Turnpike North Kennethport IN 98276-5104			5 Medicare wages and tips			6 Medicare tax withheld		
			185656.06			5384.03		
			7 Social security tips			8 Allocated tips		
			228033.41			185656.06		
d Control number			9 Advance EIC payment			10 Dependent care benefits		
4982329						237		
e Employee's first name and initial Last name			11 Nonqualified plans 12			12a See instructions for box 12		
Sandra Spencer			182			2411		
			ttory Retirement oyee plan	Third-party sick pay	12b	i		
9562 Johnson Wells			X	X		379		
West Jamesmouth MO 55967-779			14 Other (see enclosed Notice to Employee)			i		
						365		
					12d			
						P 525		
f Employee's address and ZIP code						_ 3_3		
	17 State income tax	!	18 Local wages, tips, etc	. 19	Local inco	me tax	20 Locality name	
ME 495-58-848 106709.34	7617.64		163216.36	30	0549.	43	Julie Trail	
DC 480-86-512 103032.69	7409.68		166394.27	19	9904.	57	Marcus Wall	

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.

REISSUED a E	Employee's social security number						venue Service. If you are required		
STATEMENT	044-70-4735	OMB	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 Employer identification number		•	1 V	ages, tips, other comper	nsation	2 Federa	l income tax withheld		
15-0304182				197068.13			49699.95		
c Employer's name, address, and ZIP code			3 S	ocial security wages		4 Social s	security tax withheld		
Johnson LLC PLC				228033.41			17444.56		
98323 Dennis Turnpike			5 N	- manager and apr			6 Medicare tax withheld		
North Kennethport IN 98276-5104				185656.06			5384.03		
			7 S	7 Social security tips			8 Allocated tips		
				228033.41			185656.06		
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits		
4982329							237		
e Employee's first name and initial Last name		11 N	11 Nonqualified plans			12a See instructions for box 12			
				182			2411		
Sandra Spencer			13 Statu		Third-party	12b	-		
9562 Johnson Wells			emplo	plan X	x sick pay		379		
West Jamesmouth MO 55967-779				14 Other (see enclosed Notice to Employee)			12c		
West balleshouth 140 33901 119							365		
			12d						
						P	525		
						P	323		
f Employee's address and ZIP code 15 State Employer's state ID numbe	r 16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, tips, e	tc. 19	9 Local income tax	20 Locality name		
ME 495-58-8	9	7617.64		163216.36		0549.43	Julie Trail		
		·							
DC 480-86-5	103032.69	7409.68		166394.27	1	9904.57	Marcus Wall		

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

