F	REISSUED	a Employee's socia	l security number			Saf	e, Accurate,	20.0	A HID	Visit the	IRS Website	
S	TATEMENT	01	.1-24-3409	OMB N	lo. 1545-	0008 FA S	ST! Use	U	≁file >	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
62-2244372						182076.69			62509.04			
c Employer's name, address, and ZIP code					3	3 Social security wages			4 Social security tax withheld			
Johnson-Watson Group						170491.99			13042.64			
39319 Brennan Union Suite 797 Jamesshire MS 00510-3346					5	- ····arana magarama mpa			6 Medicare tax withheld			
					176381.42				5115.06			
					7 Social security tips			8 Allocated tips				
						170491.99			176381.42			
d Control number					9	9 Advance EIC payment			10 Dependent care benefits			
	8963605								271			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
	Mr. Christopher 41412 Weaver Plaza New Kristinafort OH 66087-3971					298 13 Statutory Retirement Third-party				D 7791		
						employee plan sick pay X 14 Other (see enclosed Notice to Employee)			D D	410		
									12c	i		
									н	765		
									12d			
									G	627		
f Employee's address and ZIP code								ŀ		02 /		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	1	18 Local wag	es, tips, etc.	19 L	Local income ta	x	20 Locality name	
CT	121-48	-942	84959.19	9082.63		180309.91 3		33	3984.61		Nicole Drives	
NE	991-09	702	93612.14	8241.28		158895.26 2:		21	21596.12		Joshua Estate	

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.

R	REISSUED a Employee's social security number					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						
ST	STATEMENT 011-24-3409 OMB N				No. 1545-0008 to life 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 Wages, tips, other compensation			2 Federal income tax withheld				
62-2244372						182076.69			62509.04			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Johnson-Watson Group					170491.99			13042.64				
39319 Brennan Union Suite 797						5 Medicare wages and tips			6 Medicare tax withheld			
Jamesshire MS 00510-3346					176381.42			5115.06				
					7 Social security tips			8 Allocated tips				
						170491.99			176381.42			
d Control number					9 Advance EIC payment			10 Dependent care benefits				
8	3963605				271							
e Employe	ee's first name and initial	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
Mr. Christopher 41412 Weaver Plaza New Kristinafort OH 66087-3971					298			D 7791				
					13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b	i			
								D	410	410		
								12c	ì			
									765			
								12d				
								G	627	627		
f Employee's address and ZIP code						_						
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0		Local income		20 Locality name		
СТ	121-48	3-942	84959.19	9082.63		180309.91 3		33984.61		Nicole Drives		
NE	991-09	9-702	93612.14	8241.28		158895.26	21	596.1	2	Joshua Estate		

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

