REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website					
<b>STATEMENT</b> 739-06-7881	MB No. 1545-0008 FAST! Use at www.irs.gov/efile.					
<b>b</b> Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld					
35-4778288	86269.34 30899.78					
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld					
Johnson LLC PLC	101835.35 7790.4					
4731 Burch Prairie	5 Medicare wages and tips 6 Medicare tax withheld					
Foot Towns ND 72002 1007	73915.66 2143.55					
East James ND 73293-1997	7 Social security tips 8 Allocated tips					
	101835.35 73915.66					
d Control number	9 Advance EIC payment 10 Dependent care benefits					
7442324	187					
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12					
o1 1 " '	222 D 3868					
Charles Harrison	13 Statutory Retirement Third-party 12b					
12703 Philip Fall	employee plan sick pay P 277					
Port Chelseaburgh MT 05477-8062	14 Other (see enclosed Notice to Employee) 12c					
	916					
	12d					
	701					
f Employee's address and ZIP code	1702					
15 State Employer's state ID number 16 State wages, tips, etc. 17 State incom	e tax					
IL 882-93-072 44727.94 1894.29	101476.35 11417.22 Jack Pass					
DC 458-44-773 45883.22 2027.69	103716.36 13414.92 Amanda Extension					

Wage and Tax

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 socia	l security number	This information is being furnished to the Internal Revenue Service. If you are required								
SI	TATEMENT	73	39-06-7881	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 Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld					
35-4778288				86269.34			30899.78					
c Employer's name, address, and ZIP code				3 5	3 Social security wages			4 Social security tax withheld				
Johnson LLC PLC				101835.35			7790.4					
4731 Burch Prairie East James ND 73293-1997				5 Medicare wages and tips			6 Medicare tax withheld					
				73915.66			2143.55					
				7 Social security tips			8 Allocated tips					
					101835.35			73915.66				
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits				
7442324							187					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Charles Harrison 12703 Philip Fall Port Chelseaburgh MT 05477-8062				222			D 3868					
				13 Statutory Retirement Third-party sick pay X  14 Other (see enclosed Notice to Employee)			12b					
							P 277					
							12c					
			916									
								12d	ĺ			
							701					
	yee's address and ZIP cod	е										
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	(	20 Localit	y name	
IL	882-93	-072	44727.94	1894.29		101476.35	11	417.22		Jack	Pass	
	450 44		45000 00	0000		100016 06	10	414 00				
DC	458-44	-773	45883.22	2027.69		103716.36	13	414.92		Amanda E	xtension	

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

