F	REISSUED	a Employee's socia	•				Safe, Acc	urate,	e D	A STILL	Visit the	IRS Webs	site
S	TATEMENT	12	25-91-4804	OMB N	o. 1545-0	8000	FAST! Us	se	G	rfile	at www.	irs.gov/efile	€.
b Employer identification number					1 Wages, tips, other compensation					Federal income tax withheld			
80-9352118						68511.87				14600.26			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Johnson, Hart and Jefferson Group					48366.05					3700.0			
86556 Turner Forest					5 Medicare wages and tips					6 Medicare tax withheld			
	New Sean OK 92341-6716					49393.37				1432.41			
						7 Social security tips				8 Allocated tips			
					48366.05				_	49393.37			
	ol number				9	Advance E	IC payment			10 Depe	ndent care b	enefits	
	212017										127		
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12			
	Eric York					247				7205			
						13 Statutory Retirement Third-party employee plan sick pay				12b			
581 Brown Light Suite 753 Mitchellland CA 85861-7328					14 Other (see enclosed Notice to Employee)					D 882			
									ree)	12c			
										н	н 489		
										12d			
											790		
f Emplo	vee's address and ZIP cod	9							F				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	al wages, tips,	etc.	19 L	ocal income to	ЭX	20 Localit	y name
KY	698-04	-376	37059.8	3296.66		58717.86 9		96	9691.13		Mcclain	Highway	
KS	378-05	-460	36942.81	3112.97	78053.35			10648.51		,	Angel	Curve	

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.

Ь	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT		25-91-4804	OMB N	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	Employer identification number				this income is taxable and you fail to report it. 1 Wages, tips, other compensation 2 Federal income tax withheld						
80-9352118						68511.87	14600.26				
c Employ	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld				
Johnson, Hart and Jefferson Group 86556 Turner Forest New Sean OK 92341-6716						48366.05	3700.0				
					5	Medicare wages and tips	6 Medicare tax withheld 1432.41				
						49393.37					
					7	Social security tips	8 Allocated tips				
						48366.05	49393.37				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
	212017						127				
e Employ	e Employee's first name and initial Last name					lonqualified plans	12a See instructions for box 12				
_						247	7205				
]	Eric York				13 State	tory Retirement Third-party	12b	L			
	581 Brown Light Suite 753 Mitchellland CA 85861-7328					employee plan sick pay X Other (see enclosed Notice to Employee)			D 882		
									12c		
1						other (see enclosed Notice to Employ	120				
								н 489			
								12d	1		
								790			
f Employee's address and ZIP code											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta	20 Locality name		
KY	698-04	-376	37059.8	3296.66		58717.86 9		91.13	Mcclain Highway		
KS	378-05	378-05-460 36942.81 3112.97		78053.35 1		10	648.51	Angel Curve			

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

