REI	ISSUED	a Employee's socia	•			Sa	fe, Accurate,	re 🖸	12 HD		√isit the	IRS Websi	te
STA	TEMENT	16	59-12-0196	OMB N	lo. 1545	-0008 FA	ST! Use	<u></u>		<u> ر</u> ز	at www.ii	rs.gov/efile	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
03-9759668						233100.58				34544.9			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Ward, Coleman and Clark Group						257889.21			19728.52				
48214 Bender Parks					5	gg				6 Medicare tax withheld			
					195863.0				5680.03				
MC	Mossville HI 95435-2497					7 Social security tips			8 Allocated tips				
					257889.21				195863.0				
d Control number					9					enefits			
8659003									138				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					155				P 8978				
G	Gregory Johnson 09670 Owens Burgs North Brian WI 74039-2530					13 Statutory Retirement Third-party employee plan sick pay							-
0.9										н 708			
NT						14 Other (see enclosed Notice to Employee)			12c				
NOTCH Brian WI 74039-2550									,	E	946		
									12d				
									124	1			
											559		
	's address and ZIP cod		Tagair ii i	1		Link		1.0					
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag			ocal incor			20 Locality	name
HI	161-07	-868	126770.85	10677.81		218579	9.71	28	457.	88		Sexton	Mount
HI	339-06	-971	117179.39	9369.59		249865	5.99	27	585.	62		Curtis	Manor

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 Employee's soci	al security number	This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT	10	69-12-0196	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 num	b Employer identification number						2 Federal income tax withheld				
03-9759668					233100.58			34544.9			
c Employer's name, address	and ZIP code			3 Social security wages			4 Social security tax withheld				
Ward, Coleman and Clark Group					257889.21			19728.52			
48214 Bender Parks					5 Medicare wages and tips			6 Medicare tax withheld			
Mossville HI 95435-2497					195863.0			5680.03			
					ocial security tips		8 Allocated tips				
					257889.21			195863.0			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
8659003								138			
e Employee's first name and	e Employee's first name and initial Last name						12a See instructions for box 12				
Gregory Johnson 09670 Owens Burgs North Brian WI 74039-2530					155			P 8978			
					13 Statutory Retirement Third-party sick pay X X X 14 Other (see enclosed Notice to Employee)			·			
								708			
								12c			
								E 046			
								E 946			
							12d	I			
								559			
f Employee's address and ZIP code											
15 State Employer's state	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		3.7,7,7,		19 L	ocal income tax	20 Locality name				
HI 161	-07-868	126770.85	10677.81	218579.71 28		457.88		Sexton Mount			
ні 339	-06-971	117179.39	9369.59		249865.99	27	585.62		Curtis Manor		

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

