REISSUED	a Employee's socia	al security number			Safe, A	ccurate,			Visit the	IRS Webs	ite
STATEMENT	35	55-68-9153	OMB N	o. 1545-0	008 FAST!	Use	<b>e</b> vfi		at www.ii	rs.gov/efile	١.
<b>b</b> Employer identification number				1 '	Wages, tips, other co	mpensation	2	Federal	l income tax	withheld	
05-0249129				226202.08			2	23458.37			
c Employer's name, address, and	ZIP code			3 Social security wages			4	4 Social security tax withheld			
Johnson Group and Sons				159881.68			1	12230.95			
2348 Hailey Point Suite 784				5 Medicare wages and tips			6				
Scottview GA 89440-3272			273179.91				7922.22				
SCOLLVIEW GA 69440-3272				7 Social security tips			8	8 Allocated tips			
					159881.6	-				79.91	
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
8832361								194			
e Employee's first name and initia	I Last name	9		11	Nonqualified plans		12a	See ins	structions f	or box 12	
Jessica	Beck				219			H	1271		
Jessica	реск			13 State	utory Retiremen loyee plan	t Third-party sick pay	12b		i		
3312 Kend	ra Way			omp.	X	X		H	383		
Lake Larr	v WI	40860-2913		14	Other (see enclosed	Notice to Employ	ree) 12c		I		
	2							н	890		
							12d				
									608		
f Employee's address and ZIP co											
15 State Employer's state ID r		16 State wages, tips, etc.	17 State income tax		18 Local wages, ti	•	19 Local in		:	20 Locality	name
VA 486-7	3-440	117868.45	8454.87		214475.6	52	42365	.08		Laura V	alleys
WY 177-4	3-493	111029.09	10386.56		256469.8	32	43115	.3		Reyes	Garden

Wage and Tax Statement

5010

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 <sup>a</sup>	Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	35	55-68-9153	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>b</b> Employer identification number			•	1	Wages, tips, other compens	sation	2 Federa	al income tax	withheld		
05-0249129					226202.08			23458.37			
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld			
Johnson Group and Sons					159881.68			12230.95			
2348 Hailey Point Suite 784				5				6 Medicare tax withheld			
Scottview GA 89440-3272				273179.91 7 Social security tips			9 Alloca	7922.22 8 Allocated tips			
				159881.68			• Alloca	273179.91			
d Control number				9	Advance EIC payment		10 Deper	ndent care be			
8832361								194			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Jessica	Beck				219		Н	1271			
Jessica	Deck			13 Stat	utory Retirement loyee plan	Third-party sick pay	12b	1			
3312 Kendra Way				emp	Noyee plan	X	Н	383			
Lake Larry WI 40860-2913				14	14 Other (see enclosed Notice to Employee)			12c			
							н	н 890			
							12d	1			
								608			
f Employee's address and ZIP code		<u></u>			_						
15 State Employer's state ID numb		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc		9 Local income ta		20 Locality name		
VA 486-73-	440	117868.45	8454.87		214475.62	4	12365.08		Laura Valleys		
WY 177-43-	493	111029.09	10386.56		256469.82	4	13115.3		Reyes Garden		

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

