REISSUED a Employee's social security number		Safe, Accurate,	Visit the IRS Website		
STATEMENT 352-16-4418	OMB No. 1545-00	008 FAST! Use	at www.irs.gov/efile.		
b Employer identification number	1 V	Vages, tips, other compensation	Federal income tax withheld		
81-3127345		99633.34	36014.96		
c Employer's name, address, and ZIP code	3 3	Social security wages	4 Social security tax withheld		
Gordon, Haas and Johns LLC		110049.18	8418.76		
7482 Preston Cliffs	5 N	Medicare wages and tips	6 Medicare tax withheld		
Ericaville SC 96621-0510		76997.25	2232.92		
Elicaville SC 90021 0310	7 8	Social security tips	8 Allocated tips		
		110049.18	76997.25		
d Control number	9 A	Advance EIC payment	10 Dependent care benefits		
8544646			186		
e Employee's first name and initial Last name	11 N	lonqualified plans	12a See instructions for box 12		
Davil Timbaaa		206	G 3017		
Paul Lindsey	13 Statu empl		12b		
60110 Susan Falls	empi	pyee plan sick pay	500		
North Williamstad GA 04925	5-9 ¹⁴ (Other (see enclosed Notice to Employe	ee) 12c		
NOTON NIIIIamboud on one			635		
			12d		
			D 489		
f Employee's address and ZIP code			2 100		
	State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name		
ОН 046-27-445 48089.64 23	346.01	126802.36	18884.84 Mitchell Mountains		
MD 023-00-298 49786.42 20	25.76	77366.05	16986.55 Palmer Trace		

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	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	35	52-16-4418	OMB	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				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
81-3127345					99633.34			36014.96				
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld				
Gordon, Haas and Johns LLC					110049.18			8418.76				
7482 Preston Cliffs				5 1	5 Medicare wages and tips			6 Medicare tax withheld				
Ericaville SC 96621-0510				76997.25			2232.92					
			7 Social security tips			8 Allocated tips						
				110049.18			76997.25					
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits					
8544646						186						
e Employee's first name and initial Last name			11 1	11 Nonqualified plans 12a See instructions for box 12				for box 12				
Paul Lindsey			206			G 3017						
			13 Statutory Retirement Third-party			12b						
60110 Susan Falls				employee plan sick pay				500				
North Williamstad GA 04925-9			14 (Other (see enclosed Notice to Employ	ree)	12c						
							635					
							12d					
							489					
f Employ	vee's address and ZIP coo	la.					ŀ	D	409			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name		
ОН	046-27	7-445	48089.64	2346.01		126802.36	18	884.84		Mitchell Mountains		
				†								
MD	023-00	-298	49786.42	2025.76		77366.05 1		16986.55		Palmer Trace		

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

