RE	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS W						IRS Web	site	
ST	ATEMENT	18	32-96-1503	OMB N	No. 1545-00	008 FAS	Γ! Use			Ü	at www.i	rs.gov/efi	le.
b Employer identification number				1 V	1 Wages, tips, other compensation				2 Federal income tax withheld				
95-7261051					194887.34				71181.54				
c Employer's name, address, and ZIP code				3 8	3 Social security wages				4 Social security tax withheld				
Perkins, Beasley and Randall and Sons					168800.18				12913.21				
194 Angela Parkway				5 N					6 Medicare tax withheld				
	-				197174.32				5718.06				
11	Henryburgh TN 40837-2929				7 Social security tips				8 Allocated tips				
						168800.18				197174.32			
d Control r					9 Advance EIC payment				10 Dependent care benefits				
1	.533249									271			
e Employee's first name and initial Last name				11 N	11 Nonqualified plans				12a See instructions for box 12				
					245				G 2054				
James Johnson				13 Statutory Retirement Third-party employee plan sick pay				12b	i				
1132 Edward Landing East Amy AK 17957-9919					етър	14 Other (see enclosed Notice to Employee)				E	548		
					14 (
										н	465		
								12d					
										н	511		
f Employe	ee's address and ZIP code	_						H		11	J11		
15 State	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax	1	18 Local wages	, tips, etc.	19 Lo	ocal inco	me tax		20 Local	ity name
KY	185-43	-519	97871.07	10836.55		167312	11	294	445.	32		Linda	Freeway
TX	849-97	-797	91756.45	12417.15		140248	76	374	476.	62		Rav	Drive
			152:55:10	== == / . = 0			• •	<u> </u>	<u>- · • · · · · · · · · · · · · · · · · · </u>			1	

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	REISSUED a Employee's so	cial security number	This information is being furnished to the Internal Revenue Service. If you are required								
ST	TATEMENT 1	L82-96-1503	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 Employ	yer identification number			1	Wages, tips, other compensation		2 F	ederal incon	ne tax withheld		
95-7261051				194887.34			71181.54				
c Emplo	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Perkins, Beasley and Randall and Sons				168800.18			12913.21				
194 Angela Parkway				5	Medicare wages and tips	6 Medicare tax withheld					
	Henryburgh TN 40837-2929				197174.32	5718.06 8 Allocated tips					
					Social security tips						
		168800.18			197174.32						
d Contro	l number			9 Advance EIC payment			10 Dependent care benefits				
	1533249							27	1		
e Emplo	yee's first name and initial Last na	me		11 Nonqualified plans			12a See instructions for box 12				
	_				245	G 2054					
	James Johnson 1132 Edward Landing				tory Retirement Third-party	12b					
					oyee plan sick pay	1	E 54	548			
					Other (see enclosed Notice to Employ	12c					
	East Amy AK 179		(,,		_	_				
						н 465					
							12d	1			
							1	H 51	1		
	yee's address and ZIP code							•			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	3.,,,,,,,			Local incor		20 Locality name		
KY	185-43-519	97871.07	10836.55	167312.11 29		29	445.	32	Linda Freeway		
TX	849-97-797	91756.45	12417.15	140248.76 37		476.	62	Ray Drive			

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

