F	REISSUED	a Employee's socia	•			Safe, A	ccurate,	Re D	ve ette		e IRS Website		
S	TATEMENT	40	7-78-1906	OMB	No. 1545-0	008 FAST!	Use	G		at www	.irs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
84-4569151						96160.55			34928.82				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Johnson, Fischer and Dunn Ltd						105186.81			8046.79				
406 Hart Lake					5	l				6 Medicare tax withheld			
						104461.93				3029.4			
	New Holly MS 54301-1433					7 Social security tips				8 Allocated tips			
						105186.81			104461.93				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
3981259									177				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
						272			2005				
	Destiny Gomez				13 Statutory Retirement Third-party			,	12b				
1729 Peterson Fall Wernerhaven DE 21466-7989					employee plan sick pay								
					14	14 Other (see enclosed Notice to Employee)			12c	ı			
									Ι	475			
									12d				
					!				G	444	444		
	oyee's address and ZIP cod												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	K	18 Local wages, ti	os, etc.	-	Local income tax 20 Locality nar		20 Locality name		
ID	861-67	-840	49753.65	2805.81		93554.1 1		14	L4052.5		Galloway Cape		
MD	434-38	-412	50810.66	3871.21		89620.63		13	13057.26		Donna Parkway		

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.

F	REISSUED	a Employee's socia	l security number	This information is being furnished to the Internal Revenue Service. If you are required								
S	TATEMENT	40	7-78-1906	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 Emplo	oyer identification number	l.		U.	Wages, tips, other compensation			2 Federal income tax withheld				
84-4569151					96160.55			34928.82				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Johnson, Fischer and Dunn Ltd					105186.81			8046.79				
406 Hart Lake					5 Medicare wages and tips 104461.93			6 Medicare tax withheld				
								3029.4				
	New Holly MS 54301-1433					7 Social security tips			8 Allocated tips			
					105186.81			104461.93				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	3981259								177			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Destiny Gomez 1729 Peterson Fall				272 13 Statutory Retirement Third-party			2005				
					emple	X			794			
Wernerhaven DE 21466-7989					14 Other (see enclosed Notice to Employee)			12c				
								D	475			
									12d			
									G 444			
f Employee's address and ZIP code												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3,,,,.,		9 Local income tax		20 Locality name		
ID	861-67	-840	49753.65	2805.81		93554.1		14052.5		Galloway Cape		
MD	434-38	3-412	50810.66	3871.21		89620.63	13	057.26		Donna Parkway		

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

