F	REISSUED	a Employee's socia	•			Safe, Accur	rate,		AH A	Visit the	IRS Webs	ite	
S	TATEMENT	65	57-20-9833	OMB N	lo. 1545-0	008 FAST! Use		5~	IIIE	at www.i	rs.gov/efile	<i>}</i> _	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
58-3171570						84186.08			27408.69				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Nguyen-Johnson PLC					75740.96				5794.18				
85126 Sanford Streets Apt. 234 Edwardfurt KS 61555-0355					5 Medicare wages and tips				6 Medicare tax withheld				
					92076.72				2670.22				
Edwardiurt KS 61555-0555					7 Social security tips				8 Allocated tips				
					75740.96				92076.72				
d Control number					9 Advance EIC payment 10 Dependent care benefits				enefits				
	8526404								108				
e Employee's first name and initial Last name					11 Nonqualified plans			1	12a See instructions for box 12				
mana ta a seria a					153				P 7188				
	Toni King				13 Statutory Retirement Third-party employee plan sick pay			1	12b	1			
455 Caldwell Knolls				14 Other (see enclosed Notice to Employee)				D	658				
Arellanoview IA 63376-9518							e) 1	12c					
								G	283				
									12d				
									P	174			
f Emplo	yee's address and ZIP cod	е											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc. 17 State income to		·•	18 Local wages, tips, etc. 19		19 Loc	cal income tax	20 Locality name			
WI	772-03	-735	43951.85	2650.93	105168.92		889	2.64		Jessica	Plain		
UT	674-75	-921	40514.43	2493.3	99604.53		14880.83			Mark	Lake		

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
S	TATEMENT	6.5	57-20-9833	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	b Employer identification number					Wages, tips, other compensation			Federal income tax withheld			
58-3171570						84186.08			27408.69			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Nguyen-Johnson PLC 85126 Sanford Streets Apt. 234 Edwardfurt KS 61555-0355					75740.96				5794.18			
					5 Medicare wages and tips 92076.72				6 Medicare tax withheld 2670.22			
					75740.96			92076.72				
					d Control number					9 Advance EIC payment		
	8526404								108			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					153			P 7188				
	Toni King				13 Statutory Retirement Third-party							
455 Caldwell Knolls Arellanoview IA 63376-9518					employee plan sick pay				D	658		
					14 Other (see enclosed Notice to Employee)					<u> </u>		
									G 283			
							ŀ	12d	G	203		
								124				
									P 174			
	oyee's address and ZIP coo		T	T.= 2		1					T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		10 2000 magas, apa, and		Local income tax			20 Locality name	
WI	772-03	3-735	43951.85	2650.93		105168.92	88	92.	64		Jessica Plain	
UT	674-75	5-921	40514.43	2493.3	99604.53		14	4880.83			Mark Lake	

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

