REISSUED	a Employee's soci	•		Safe, Accurate, Visit the IRS We						IRS Website		
STATEMENT	3	91-50-6397	OMB	No. 1545-0	008 FAS 1	「! Use		file	at www.i	rs.gov/efile.		
b Employer identification nu	mber			1 \	1 Wages, tips, other compensation				Federal income tax withheld			
74-92989	80				243236.51				88940.22			
c Employer's name, addres	s, and ZIP code			3 3	3 Social security wages				4 Social security tax withheld			
Johnson and Sons LLC					274945.2				21033.31			
6217 Alicia Island Deanstad FL 97597-3573				5 1	- manager and apr				6 Medicare tax withheld			
					224582.22				6512.88			
				7 5	7 Social security tips				8 Allocated tips			
					274945.2				224582.22			
	d Control number				9 Advance EIC payment 10 Dependent care benefits					enefits		
1890529									149			
e Employee's first name and initial Last name				11	11 Nonqualified plans				12a See instructions for box 12			
Gregory Walker					197			н 3227				
					13 Statutory Retirement Third-party employee plan sick pay							
1930 Tiffany Harbors					X X SICK PAY				н 453			
West Staceyfurt AK 05953-0666				14 (14 Other (see enclosed Notice to Employee)							
									280			
									12d			
								E	562			
f Employee's address and	ZIP code								1			
15 State Employer's sta	e ID number	16 State wages, tips, etc.	17 State income ta	ıx	18 Local wages	, tips, etc.	19 Loc	al income ta	х	20 Locality name		
IA 053	-43-859	117853.0	9461.67		244666.57 4		416	41635.39		Deborah Landing		
MO 940	-05-257	127902.88	10458.86		177449.88 4		466	39.22	Kaiser Way			

Wage and Tax Statement

Form W-2

5070

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.

REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT	3	91-50-6397	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 Employer identification number	b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld			
74-9298980				243236.51					88940.22			
c Employer's name, address, and ZIP code				3 Social security wages					4 Social security tax withheld			
Johnson and Sons LLC				274945.2					21033.31			
6217 Alicia Island				5 Medicare wages and tips					6 Medicare tax withheld			
Deanstad FL 97597-3573				224582.22					6512.88			
				7 Social security tips					8 Allocated tips			
				274945.2					224582.22			
d Control number				9 Advance EIC payment					10 Dependent care benefits			
1890529									149			
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12			
Gregory Walker				197				н 3227				
				13 Statutory Retirement Third-party				12b				
1930 Tiffany Harbors				emp	loyee	plan X	sick pay			н	453	
-					Other (see	enclosed Not	ce to Employ	/ee)	12c			
West Staceyfurt AK 05953-0666					14 Other (see enclosed Notice to Employee)							
				!				-	280			
									12d		I	
									E 562			
f Employee's address and ZIP code												
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		10 2000 Hages, ape, 5101			19 Local income tax			20 Locality name	
IA 053-4	13-859	117853.0	9461.67		244666.57		41	41635.39			Deborah Landing	
MO 940-0)5-257	127902.88	10458.86		1774	49.88		46	639	. 22		Kaiser Way

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

