REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website		
STATEMENT	4	78-99-6535	OMB I	No. 1545-0	0008 FAST! Use		**************************************	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld		
27-8405023					149730.3			27337.81		
c Employer's name, address, and 2	ZIP code			3	3 Social security wages			4 Social security tax withheld		
Thomas-Johnson LLC					109721.0			8393.66		
534 Aaron Harbors				5	ggp			6 Medicare tax withheld		
				110210.65				3196.11		
Pattonport NE 51183-2090				7	7 Social security tips			8 Allocated tips		
					109721.0			110210.65		
d Control number				9	9 Advance EIC payment			10 Dependent care benefits		
7338925								180		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See i	12a See instructions for box 12		
Alexander White			153				6172			
			13 Statutory Retirement Third-party			12b	12b			
8402 Courtney Mountain				employee plan sick pay			E	E 480		
Douglastow	m MO	33527-2117		14	Other (see enclosed Notice	e to Employee	) 12c			
Douglastown MO 33527-2117						н	893			
							11   0 9 5			
							124			
								442		
f Employee's address and ZIP cod		T	T.= -		T				T	
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e		9 Local income t		20 Locality name	
TN 701-87	-469	77721.04	5236.73		157414.32	2	22337.53		Cox Bypass	
DC 125-94	-776	81522.94	4190.28		188027.58		20416.86		Jacob Shore	

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.

	REISSUED FATEMENT		cial security number	OMB N	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 this income is taxable and you fail to report it.					
b Employer identification number 27-8405023					1 Wages, tips, other compensation 149730.3			2 Federal income tax withheld 27337.81		
c Employer's name, address, and ZIP code Thomas-Johnson LLC				3 Social security wages 109721.0			4 Social security tax withheld 8393.66			
534 Aaron Harbors Pattonport NE 51183-2090				5 Medicare wages and tips 110210.65			6 Medicare tax withheld 3196.11			
				7 Social security tips 109721.0			8 Allocated tips 110210.65			
d Control number 7338925				9 Advance EIC payment			10 Dependent care benefits 180			
e Employee's first name and initial Last name				11 Nonqualified plans 153			12a See instructions for box 12 6172			
Alexander White 8402 Courtney Mountain				13 State	oyee plan Sick pay		12b <b>E</b>	480		
Douglastown MO 33527-2117			14 Other (see enclosed Notice to Employee)			<sup>12с</sup> н 893				
						12d 442				
	yee's address and ZIP coo		T	1		T	1			T
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1	Local income t		20 Locality name
TN	701-87	7-469	77721.04	5236.73		157414.32	22	2337.53	3	Cox Bypass
DC	125-94	1-776	81522.94	4190.28		188027.58	20	416.86	5	Jacob Shore

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

