REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website						
STATEMENT 523-25-2048	OMB No. 1545-0008	FAST! Use		at www.	rs.gov/efile.		
b Employer identification number	1 Wages	s, tips, other compensation	2	2 Federal income tax withheld			
10-6932523		6233.45	3	39348.68			
c Employer's name, address, and ZIP code	3 Social	security wages	4	4 Social security tax withheld			
Johns, Barnes and Harris Ltd	15	0409.28	1	11506.31			
1770 Dana Hollow		are wages and tips	6				
New Maryfurt NH 40428-5798		0516.27		4944.97			
New Maryruit Nn 40428-5798		security tips	8	8 Allocated tips			
		0409.28		170516.27			
d Control number		ce EIC payment	10	Dependent care b	enefits		
1121828				273			
Employee's first name and initial Last name		alified plans	12a	12a See instructions for box 12			
Robin Rowland		0		G 6351			
		Retirement Third-part	y 12b	12b			
9951 Hicks Shore Apt. 921	employee	plan sick pay		G 849			
West Michaelberg IN 07753-4646	14 Other	(see enclosed Notice to Empl	oyee) 12c	1			
West Michaelberg IN 07755 4040				н 444			
		!			12d		
				G 886			
f Employee's address and ZIP code				G 000			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State i	icome tax 18	Local wages, tips, etc.	19 Local inc	ome tax	20 Locality name		
KY 812-59-011 72080.33 6757	24 10	6175.55	25065	.14	Trevor Rest		
MI 143-32-052 74194.98 6276	23 11	.3725.9	16444	. 07	Foster Ways		

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	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	52	23-25-2048	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	- U			1 Wages, tips, other compensation 2 Federal income tax withheld				x withheld		
10-6932523			136233.45			39348.68				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Johns, Barnes and Harris Ltd			150409.28			11506.31				
1770 Dana Hollow New Maryfurt NH 40428-5798			5 Medicare wages and tips			6 Medicare tax withheld				
			170516.27			4944.97				
			7 Social security tips			8 Allocated tips				
			150409.28			170516.27				
d Control number		9 Advance EIC payment			10 Dependent care benefits					
1121828	1121828							273		
e Employee's first name and initia	e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12				
Robin Rowland		230			G 6351					
		13 Stat	utory Retirement Third-party		12b					
0051 Higher Champ Amt 021			emp	loyee plan sick pay		G	849			
9951 Hicks Shore Apt. 921							849			
West Michaelberg IN 07753-4646			14	Other (see enclosed Notice to Employ	ee)	12c	I			
		ļ			H	444				
						Ī	12d			
							G	886		
f Employee's address and ZIP co	de					F				
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax	ncome tax 18 Local wages, tips, etc. 1		19 L	9 Local income tax		20 Locality name	
KY 812-5	9-011	72080.33	6757.24		106175.55 25		5065.14		Trevor Rest	
MI 143-3	2-052	74194.98	6276.23		113725.9	16	444.0	7	Foster Ways	

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

