REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website									
S	TATEMENT	82	22-24-8429	OMB	No. 1545-00	008 FAST!	Use	G	ШЕ	at	www.ir	s.gov/efile.	
b Emplo	yer identification number				1 V	1 Wages, tips, other compensation				Federal income tax withheld			
21-6507455						246724.74			35967.43				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Taylor-Johnson Group						179743.04				13750.34			
019 Choi Camp Apt. 872					5 N	· · · · · · · · · · · · · · · · · · ·			6 Medicare tax withheld				
						194086.96			5628.52				
Port Kellyton NM 12387-2985					7 8	7 Social security tips			8 Allocated tips				
						179743.04			194086.96				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
8386424										239			
e Employee's first name and initial Last name					11 N	11 Nonqualified plans			12a See instructions for box 12				
Kathryn Hill						149			E 5140				
						13 Statutory Retirement Third-party							
831 Peterson Neck					emple		sick pay			4	61		
Port Brianna AK 03562-3432					14 (Other (see enclosed	Notice to Employ	/ee) '	12c	1			
									H	ı 1	79		
							-	12d	ı				
										9	73		
f Employee's address and ZIP code								H					
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ıx	18 Local wages,	tips, etc.	19 Loc	cal incom	e tax		20 Locality name	
RI	890-57	-341	123046.26	5426.87		279725.0)7	323	71.8	37		Phillips Bridge	
wv	849-22	-159	115591.61	5244.37		281863.3	34	429	72.8	32		Mccarthy Oval	
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W-2 Statement													

Statement Form W-2 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.

R	REISSUED	a Employee's soci	•		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								
S1	TATEMENT	82	22-24-8429	OMB N	OMB No. 1545-0008 to line 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 Employ	b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
21-6507455						246724.74			35967.43				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Taylor-Johnson Group						179743.04				13750.34			
019 Choi Camp Apt. 872					5 Medicare wages and tips				6 Medicare tax withheld				
					194086.96				5628.52				
	Port Kellyton NM 12387-2985					7 Social security tips				8 Allocated tips			
					179743.04			194086.96					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	8386424								239				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Kathryn Hill 831 Peterson Neck Port Brianna AK 03562-3432					149 13 Statutory Retirement Third-party				E 5140			
						employee plan sick pay			461				
						14 Other (see enclosed Notice to Employee)				12c			
									Н	179			
							İ	12d					
										973			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax						18 Local wages, tips, etc.	140 1				20.		
			9			1.5 = 5.5		9 Local income tax			20 Locality name		
RI	890-5	/-341 	123046.26	5426.87	279725.07 3		32	32371.87			Phillips Bridge		
wv	849-22	2-159	115591.61	5244.37		281863.34	42	972.	82		Mccarthy Oval		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

