R	REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website		
ST	TATEMENT	09	7-56-5965	OMB N	o. 1545-0	008 FAST! Use		√file)	at www.ir	s.gov/efile.	
b Employ	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld		
44-7026224						61444.54			6408.05		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Johnson-Sanchez PLC					63654.96			4869.6			
799 Kevin Forge Suite 910 Smithview IN 91501-8517					5 Medicare wages and tips			6 Medicare tax withheld			
					63187.72			1832.44			
Smithview in 91501-851/					7 Social security tips			8 Allocated tips			
					63654.96			63187.72			
d Control number					9 Advance EIC payment 1			10 Depend	10 Dependent care benefits		
6494900								151			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
١.,	_ ,					100			E 6613		
Dakota Elliott 555 Brian Highway Lake Ashley HI 73550-1492					13 Statutory Retirement Third-party sick pay			12b			
									541		
								12c			
								244			
								12d			
								G	104		
f Employ 15 State	yee's address and ZIP cod		AC Chata warns time at	17 State income tax		140	- 140	Local income tax		20. Lassituassa	
	Employer's state ID nu		16 State wages, tips, etc.			18 Local wages, tips, et				20 Locality name	
OR	872-22	-999 	28437.14	3075.59		62390.52	64	102.62		Morris Throughway	
IN	881-03	-735	31931.81	2350.01		77355.66	79	942.67		Lee Keys	

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	REISSUED a Employee's social security number						This information is being furnished to the Internal Revenue Service. If you are required					
STATEMENT	0	97-56-5965	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					1 Wages, tips, other compensation			2 Federal income tax withheld				
44-7026224					61444.54			6408.05				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Johnson-Sanchez PLC					63654.96			4869.6				
799 Kevin Forge Suite 910 Smithview IN 91501-8517					5 Medicare wages and tips 63187.72			6 Medicare tax withheld 1832.44				
											7 Social security tips	
					63654.96			63187.72				
					d Control number					9 Advance EIC payment		
6494900							151					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
Dakota	Dakota Elliott				100 13 Statutory Retirement Third-party			E 6613				
Dakota	Dakota Elliott						12b	I				
555 Brian Highway					oyee plan sick pay		541					
Take As	nley HI	73550-1492	550-1492		Other (see enclosed Notice to Employ	/ee)	12c	! !				
Hake Ashrey III 75550 1452								244				
						-	12d					
								G 104				
f Employee's address and 2								•				
15 State Employer's stat		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local income tax 20 Locality n		20 Locality name				
OR 872	-22-999	28437.14	3075.59	9 62390.52 6402.62		02.62		Morris Throughway				
IN 881	-03-735	31931.81	2350.01		77355.66	79	42.67		Lee Keys			

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

