REISSUED	a Employee's socia	•			Safe	e, Accurate,	e D	z#IO	Visit the	IRS Webs	site		
STATEMENT	80	9-28-4999	OMB N	o. 1545-00	008 FAS	T! Use	5		at www.i	rs.gov/efil	e.		
b Employer identification number			•	1 \	Wages, tips, othe	r compensation		2 Federa	Il income tax	withheld			
21-7956016					232115.87				24902.68				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Thomas-Boyd Inc					163848.6				12534.42				
0432 Taylor Square					5 Medicare wages and tips				6 Medicare tax withheld				
					299901.92				8697.16				
South Georg	South Georgeton IN 58391-0590				7 Social security tips				8 Allocated tips				
					163848.6				299901.92				
d Control number					Advance EIC pay	ment		10 Depen	dent care be	enefits			
4465330									244				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
					279				E 9948				
Kristi Johnson					itory Retires			12b					
83396 Cross Pines Suite 762					employee plan sick pay			P	302				
Johnstonville SC 94521-0987					Other (see enclos	ed Notice to Employ	ree)	12c	1				
30 J1012 030.								D	801				
							-	12d					
								P	401				
f Employee's address and ZIP coo	le						<u> </u>		1				
15 State Employer's state ID no	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 Lo	ocal income tax	(20 Localit	ty name		
LA 929-01	-640	122344.03	5822.85		224487	. 97	238	384.18		Mark	Hill		
MA 397-19	9-975	123736.57	7130.21		220542	.16	333	374.88		Kim	Road		

Wage and Tax

Form W-2 Statement

5010

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.

	EISSUED ATEMENT	a Employee's socia	ol security number 19-28-4999	OMB N	OMB No. 1545-0008 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				1 Wages, tips, other compensation			Federal income tax withheld				
21-7956016					232115.87			24902.68				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Thomas-Boyd Inc					163848.6			12534.42				
0432 Taylor Square				5 Medicare wages and tips			6 Medicare tax withheld					
					299901.92			8697.16				
'	South Georgeton IN 58391-0590					7 Social security tips			8 Allocated tips			
				163848.6			299901.92					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
	4465330							244				
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Kristi Johnson				279 13 Statutory Retirement Third-party employee plan sick pay			E 9948					
'	83396 Cross Pines Suite 762							_	302			
Johnstonville SC 94521-0987				14 Other (see enclosed Notice to Employee)			12c	1				
							D	801				
				<u> </u>			12d					
							P	P 401				
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	ocal incom	- 4	20 Locali			
			=			= ' ' '					•	
LA	929-01	-640	122344.03	5822.85		224487.97		23884.18		Mark	Hill	
MA	397-19	-975	123736.57	7130.21	220542.16 33		33	374.8	8	Kim	Road	

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

