F	REISSUED	a Employee's socia	•			Safe	, Accurate,	SED 1	HIO	Visit the	IRS Website	
S	TATEMENT	68	32-36-9854	OMB N	o. 1545-0	008 <b>FAS</b>	T! Use	<b>G</b>	IIIE	at www.i	rs.gov/efile.	
<b>b</b> Emplo	yer identification number				1	Wages, tips, other	compensation		2 Federa	l income tax	c withheld	
10-2340022					150442.84				51162.62			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Thomas, Johnson and Garza PLC					186095.55				14236.31			
	2319 Johnst	on Forest	Suite 525		5	Medicare wages a	•		6 Medicare tax withheld			
	2319 Johnston Forest Suite 525 South Davidton TX 38322-6639  rol number 7040731  oyee's first name and initial Last name					186275			5401.97			
South Davidton TX 38322-6639					7 Social security tips				8 Allocated tips			
					186095.55				186275.0			
d Contro	ol number				9	Advance EIC payr	ment	10	0 Dependent	dent care be	enefits	
	7040731									175		
e Emplo	yee's first name and initial	Last name	•		11	Nonqualified plans	3	1	2a See in	structions	for box 12	
					215				1705			
Briana Fischer				13 Stat			1	2b	1			
64328 Jacob Streets Suite 697					mployee plan sick pay  X  14 Other (see enclosed Notice to Employee)				D 973			
	Ballardland MO 01623-8652								2c	1		
			01010 0001						P	727		
								1	2d	1		
										433		
	oyee's address and ZIP cod		T	T.= 2		T					1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages			al income tax	(	20 Locality name	
WI	660-62	-865	73446.3	5364.73		193565	. 72	2789	93.66		Cathy Parkways	
AZ	567-56	-116	70423.09	4506.15		115244	. 8	213	33.96		Samantha Pines	

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 socia	l security number			This information is being furni																		
STATEMENT	68	32-36-9854	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			Federal income tax withheld															
10-2340022					150442.84			51162.62															
c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld																	
Thomas, Johnson and Garza PLC 2319 Johnston Forest Suite 525 South Davidton TX 38322-6639					186095.55  5 Medicare wages and tips 186275.0  7 Social security tips 186095.55			14236.31 6 Medicare tax withheld 5401.97 8 Allocated tips 186275.0															
												d Control number					9 Advance EIC payment			10 Dependent care benefits			
												7040731								175			
												e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
												Briana Fischer 64328 Jacob Streets Suite 697				215  13 Statutory Retirement Third-party employee plan sick pay			1705 D 973				
D																							
Ballardland MO 01623-8652					14 Other (see enclosed Notice to Employee)			12c															
								P 727															
							12d																
								433															
f Employee's address and ZIP of State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name														
1 .,	52-865	73446.3	5364.73		193565.72	1	893.66		Cathy Parkways														
AZ 567-5	56-116	70423.09	4506.15		115244.8	21	.333.96		Samantha Pines														

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

