

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">495-41-8499</div>		<b>Safe, Accurate, FAST! Use</b>		 Visit the IRS Website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .		
<b>b Employer identification number (EIN)</b> <div style="text-align: center; font-weight: bold;">93-8085571</div>			<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">224476.19</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">34622.59</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">Johnson Ltd LLC 239 Rebecca Stravenue West Michealbury MO 54857-6480</div>			<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">263801.95</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">20180.85</div>	
			<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">258817.58</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">7505.71</div>	
			<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">263801.95</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">258817.58</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">25</div>			<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">118</div>	
<b>e Employee's first name and initial Last name</b> <div style="text-align: center; font-weight: bold;">Kristin Miller 34553 Gutierrez Glens East Justinstad OH 32992-9619</div>			<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">237</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">1429</div>	
			<b>13 Statutory employee Retirement plan Third-party sick pay</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>		<b>12b</b> <div style="display: flex; justify-content: space-between;"> <span><b>K</b></span> <span><b>425</b></span> </div>	
			<b>14 Other</b>		<b>12c</b> <div style="display: flex; justify-content: space-between;"> <span><b>BB</b></span> <span><b>417</b></span> </div>	
					<b>12d</b> <div style="display: flex; justify-content: space-between;"> <span><b>E</b></span> <span><b>522</b></span> </div>	
<b>f Employee's address and ZIP code</b>						
<b>15 State</b>	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NH	269-73-922	121453.27	6986.85	205339.43	40473.34	Smith Green
CA	817-96-733	113742.48	7325.05	271334.43	29013.98	White Circles

**Wage and Tax  
Statement**

2019

Department of the Treasury--Internal Revenue Service

Form W-2

**Copy B--To Be Filed with Employee's FEDERAL Tax Return**

This information is being furnished to the Internal Revenue Service.

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Cut here. Keep lower portion for your records.

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">495-41-8499</div>		<b>OMB No. 1545-0008</b>		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>b Employer identification number</b> <div style="text-align: center; font-weight: bold;">93-8085571</div>			<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">224476.19</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">34622.59</div>	
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<b>d Control number</b> <div style="text-align: center; font-weight: bold;">2563222</div>			<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">118</div>	
<b>e Employee's first name and initial Last name</b> <div style="text-align: center; font-weight: bold;">Kristin Miller 34553 Gutierrez Glens East Justinstad OH 32992-9619</div>			<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">237</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">1429</div>	
			<b>13 Statutory employee Retirement plan Third-party sick pay</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>		<b>12b</b> <div style="display: flex; justify-content: space-between;"> <span><b>K</b></span> <span><b>425</b></span> </div>	
			<b>14 Other (see enclosed Notice to Employee)</b>		<b>12c</b> <div style="display: flex; justify-content: space-between;"> <span><b>BB</b></span> <span><b>417</b></span> </div>	
					<b>12d</b> <div style="display: flex; justify-content: space-between;"> <span><b>E</b></span> <span><b>522</b></span> </div>	
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**Wage and Tax  
Statement**

2019

Department of the Treasury--Internal Revenue Service

Form W-2

**Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)**

Safe, accurate,  
FAST! Use

