

|                                                                                                                                                           |                            |                                                           |                     |                                                                                                                                                     |                     |                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------|--|
|                                                                                                                                                           |                            | a Employee's social security number<br><b>118-64-9020</b> |                     | Safe, Accurate,<br>FAST! Use                                                                                                                        |                     | Visit the IRS Website<br>at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> . |  |
| b Employer identification number (EIN)<br><b>24-2058543</b>                                                                                               |                            |                                                           |                     | 1 Wages, tips, other compensation<br><b>126082.26</b>                                                                                               |                     | 2 Federal income tax withheld<br><b>41523.4</b>                                        |  |
| c Employer's name, address, and ZIP code<br><b>Johnson, Green and Thomas LLC</b><br><b>808 Farmer Pike Suite 340</b><br><b>Petersonfurt NE 23620-6333</b> |                            |                                                           |                     | 3 Social security wages<br><b>124478.81</b>                                                                                                         |                     | 4 Social security tax withheld<br><b>9522.63</b>                                       |  |
|                                                                                                                                                           |                            |                                                           |                     | 5 Medicare wages and tips<br><b>141339.03</b>                                                                                                       |                     | 6 Medicare tax withheld<br><b>4098.83</b>                                              |  |
|                                                                                                                                                           |                            |                                                           |                     | 7 Social security tips<br><b>124478.81</b>                                                                                                          |                     | 8 Allocated tips<br><b>141339.03</b>                                                   |  |
| d Control number<br><b>61</b>                                                                                                                             |                            |                                                           |                     | 9                                                                                                                                                   |                     | 10 Dependent care benefits<br><b>212</b>                                               |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Sandra Anderson</b><br><br><b>7900 Barber Lodge</b><br><b>New Alexandramouth CA 45178-6</b> |                            |                                                           |                     | 11 Nonqualified plans<br><b>119</b>                                                                                                                 |                     | 12a See instructions for box 12<br>C<br>o<br>d<br>e <b>FF</b> <b>6573</b>              |  |
|                                                                                                                                                           |                            |                                                           |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                     | 12b C<br>o<br>d<br>e <b>T</b> <b>680</b>                                               |  |
|                                                                                                                                                           |                            |                                                           |                     | 14 Other                                                                                                                                            |                     | 12c C<br>o<br>d<br>e <b>L</b> <b>330</b>                                               |  |
|                                                                                                                                                           |                            |                                                           |                     |                                                                                                                                                     |                     | 12d C<br>o<br>d<br>e <b>N</b> <b>253</b>                                               |  |
| 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.                                                                                                                          | 19 Local income tax | 20 Locality name                                                                       |  |
| <b>ME</b>                                                                                                                                                 | <b>065-57-238</b>          | <b>61934.65</b>                                           | <b>3780.46</b>      | <b>145564.5</b>                                                                                                                                     | <b>23077.02</b>     | <b>Michael Plains</b>                                                                  |  |
| <b>MI</b>                                                                                                                                                 | <b>836-14-473</b>          | <b>65893.91</b>                                           | <b>2566.38</b>      | <b>154980.26</b>                                                                                                                                    | <b>14528.85</b>     | <b>Brenda Green</b>                                                                    |  |

**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.

|                                                                                                                                                           |                            |                                                           |                     |                                                                                                                                                                                                                                                    |                     |                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------|--|
|                                                                                                                                                           |                            | a Employee's social security number<br><b>118-64-9020</b> |                     | 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<br><b>24-2058543</b>                                                                                                     |                            |                                                           |                     | 1 Wages, tips, other compensation<br><b>126082.26</b>                                                                                                                                                                                              |                     | 2 Federal income tax withheld<br><b>41523.4</b>                           |  |
| c Employer's name, address, and ZIP code<br><b>Johnson, Green and Thomas LLC</b><br><b>808 Farmer Pike Suite 340</b><br><b>Petersonfurt NE 23620-6333</b> |                            |                                                           |                     | 3 Social security wages<br><b>124478.81</b>                                                                                                                                                                                                        |                     | 4 Social security tax withheld<br><b>9522.63</b>                          |  |
|                                                                                                                                                           |                            |                                                           |                     | 5 Medicare wages and tips<br><b>141339.03</b>                                                                                                                                                                                                      |                     | 6 Medicare tax withheld<br><b>4098.83</b>                                 |  |
|                                                                                                                                                           |                            |                                                           |                     | 7 Social security tips<br><b>124478.81</b>                                                                                                                                                                                                         |                     | 8 Allocated tips<br><b>141339.03</b>                                      |  |
| d Control number<br><b>6876066</b>                                                                                                                        |                            |                                                           |                     | 9                                                                                                                                                                                                                                                  |                     | 10 Dependent care benefits<br><b>212</b>                                  |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Sandra Anderson</b><br><br><b>7900 Barber Lodge</b><br><b>New Alexandramouth CA 45178-6</b> |                            |                                                           |                     | 11 Nonqualified plans<br><b>119</b>                                                                                                                                                                                                                |                     | 12a See instructions for box 12<br>C<br>o<br>d<br>e <b>FF</b> <b>6573</b> |  |
|                                                                                                                                                           |                            |                                                           |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>                                                                                                |                     | 12b C<br>o<br>d<br>e <b>T</b> <b>680</b>                                  |  |
|                                                                                                                                                           |                            |                                                           |                     | 14 Other (see enclosed Notice to Employee)                                                                                                                                                                                                         |                     | 12c C<br>o<br>d<br>e <b>L</b> <b>330</b>                                  |  |
|                                                                                                                                                           |                            |                                                           |                     |                                                                                                                                                                                                                                                    |                     | 12d C<br>o<br>d<br>e <b>N</b> <b>253</b>                                  |  |
| 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.                                                                                                                                                                                                                         | 19 Local income tax | 20 Locality name                                                          |  |
| <b>ME</b>                                                                                                                                                 | <b>065-57-238</b>          | <b>61934.65</b>                                           | <b>3780.46</b>      | <b>145564.5</b>                                                                                                                                                                                                                                    | <b>23077.02</b>     | <b>Michael Plains</b>                                                     |  |
| <b>MI</b>                                                                                                                                                 | <b>836-14-473</b>          | <b>65893.91</b>                                           | <b>2566.38</b>      | <b>154980.26</b>                                                                                                                                                                                                                                   | <b>14528.85</b>     | <b>Brenda Green</b>                                                       |  |

**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

