Form W-2	Wage and Tax Statement		501	9 -	Depa	artment of the	Treasu	ryInterna	al Revenue	e Service	
AL	563-95-129	109436.76	9477.9		214901.05		37220.58		King	Dam	
KS	798-10-825	122453.25	13763.03		285141.07 3		8529.11		Dennis	Plaza	
	mployer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local in	come tax	<u> </u>	20 Locality	name	
f Employee's	address and ZIP code					12d C o d e	G	615			
Longmouth NV 15355-9522							C Q 218				
	<u>-</u>				her	e 12c					
	624 Bray Fork			13 Statuto employ		C	FF	967			
e Employee's first name and initial Last name Suff. Gary Fisher				202 13 Statutory Retirement Third-party			^o B 5285				
				11 Nonqualified plans			12a See instructions for box 12				
4(111							
d Control number				9			10 Dependent care benefits				
				270761.69			301413.74				
286 Smith Circle North Juliaview VA 85011-4757					ocial security tips	8	8741.0				
					301413.74						
Munoz-Johnson Ltd				270761.69 5 Medicare wages and tips			20713.27 6 Medicare tax withheld				
c Employer's name, address, and ZIP code					ocial security wages	4	,				
71-8393024					241992.09			30996.51			
b Employer identification number (EIN)				1 W	1 Wages, tips, other compensation			2 Federal income tax withheld			
	6:	38-62-9924	OMB N	lo. 1545-000	8 FAST! Use		le -	at www.i	rs.gov/efile).	
	a Employee's soci	al security number			Safe, Accurate,	1000 6		Visit the	IRS Webs	ite	

Wage and Tax **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.

a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required								
638-62-992 4 OMB No				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	,			2 Federal income tax withheld				
71-8393024					241992.09			30996.51				
c Employer's name, ad	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Munoz-Johnson Ltd				270761.69			20713.27					
286 Smith Circle				5 Medicare wages and tips			6 Medicare tax withheld					
Month	North Juliaview VA 85011-4757				301413.74			8741.0				
NOTCH	Juliaview VA	03011-4/3/		7 Social security tips			8 Allocated tips					
				270761.69			301413.74					
d Control number				9		10	Depen	dent care be	enefits			
4082155				111								
e Employee's first name and initial Last name Suff.				11 Nonqualified plans			12a See instructions for box 12					
Gary Fisher 74624 Bray Fork Longmouth NV 15355-9522				202			в 5285					
				13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee))	1				
							FF 967					
							;	1				
								Q 218				
						12d						
							G	615				
f Employee's address	and ZIP code							1000				
	s state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local	income ta	х	20 Locality	name		
KS 7	98-10-825	122453.25	13763.03		285141.07	3852	9.11		Dennis	Plaza		
AL 5	63-95-129	109436.76	9477.9		214901.05	3722	n 58		King	Dam		
J		1 2 2 4 3 0 . 7 0	2311.2		22 1701.00	5,22	J. JO		9	Jun		

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

