

22222	a Employee's social security number 239-87-1098	For Official Use only ▶ OMB No. 1545-0008					
b Employer identification number 74-9876135			1 Wages, tips, other compensation 90000.00		2 Federal income tax withheld 22000.00		
c Employer's name, address and ZIP code WILLIAMS-JOHNSON LLC ATTN: MR. PAYROLL 23565 LEXINGTON, BLDG ARLINGTON, VA 34788-2478			3 Social security wages 90000.00		4 Social security tax withheld 5580.00		
			5 Medicare wages and tips 90000.00		6 Medicare tax withheld 1305.00		
			7 Social security tips		8 Allocated tips		
d Control number			9 Advance EIC payment		10 Dependent care benefits		
e Employee's first name and initial JOHN H		Last name DOE, JR	11 Nonqualified plans		12a See Instructions for box 12 J 20.00		
f Employee's address and ZIP code P. O. BOX 1346 OKLAHOMA CITY, OK 78522			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b K 30.00		
			14 Other		12c L 40.00		
					12d M 50.00		
15 State Employer's state ID number NE 34-Nev-1788344443-48	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** **Wage and Tax Statement** **2009**
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Department of the Treasury—Internal Revenue Service
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22222	a Employee's social security number 453-76-4397	For Official Use only ▶ OMB No. 1545-0008					
b Employer identification number 74-9876135			1 Wages, tips, other compensation 44900.00		2 Federal income tax withheld 2.00		
c Employer's name, address and ZIP code WILLIAMS-JOHNSON LLC ATTN: MR. PAYROLL 23565 LEXINGTON, BLDG ARLINGTON, VA 34788-2478			3 Social security wages 44900.00		4 Social security tax withheld 2783.80		
			5 Medicare wages and tips 44900.00		6 Medicare tax withheld 651.05		
			7 Social security tips		8 Allocated tips 8.00		
d Control number			9 Advance EIC payment 9.00		10 Dependent care benefits 10.00		
e Employee's first name and initial ROBERT C.		Last name SMITH, SR.	11 Nonqualified plans 11.00		12a See Instructions for box 12 A 1.00		
f Employee's address and ZIP code P. O. BOX 817 AUSTIN, TX 75444			13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b B 2.00		
			14 Other 1 2 3 4		12c J 3.00		
					12d V 4.00		
15 State Employer's state ID number CA 3874477	16 State wages, tips, etc. 16.00	17 State income tax 17.00	18 Local wages, tips, etc. 18.00	19 Local income tax 19.00	20 Locality name 20		
MA 34844-7734	22.00	23.00	24.00	25.00	26		

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