

22222		a Employee's social security number <b>459-44-9873</b>	For Official Use only ▶ OMB No. 1545-0008			
b Employer identification number <b>74-9876135</b>			1 Wages, tips, other compensation <b>130000.00</b>		2 Federal income tax withheld	
c Employer's name, address and ZIP code <b>WILLIAMS-JOHNSON LLC ATTN: PAYROLL DEPT. 23565 LEXINGTON, BLDG ARLINGTON, VA 34788-2478</b>			3 Social security wages <b>106800.00</b>		4 Social security tax withheld <b>6621.60</b>	
			5 Medicare wages and tips <b>130000.00</b>		6 Medicare tax withheld <b>1885.00</b>	
			7 Social security tips		8 Allocated tips	
d Control number <b>782</b>			9		10 Dependent care benefits	
e Employee's first name and initial <b>ROBERT R</b>		Last name <b>SMITH, JR.</b>		11 Nonqualified plans		
f Employee's address and ZIP code <b>APT NO. 33 4771 WESTHEIMER ST. HOUSTON, TX 78433</b>			12a See Instructions for box 12 <b>D</b>		<b>3788.44</b>	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
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

Form **W-2** **Wage and Tax Statement**  
 Copy A For Social Security Administration--Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

**2011**

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22222		a Employee's social security number <b>456-44-9988</b>	For Official Use only ▶ OMB No. 1545-0008			
b Employer identification number <b>74-9876135</b>			1 Wages, tips, other compensation <b>87422.44</b>		2 Federal income tax withheld <b>8733.33</b>	
c Employer's name, address and ZIP code <b>WILLIAMS-JOHNSON LLC ATTN: PAYROLL DEPT. 23565 LEXINGTON, BLDG ARLINGTON, VA 34788-2478</b>			3 Social security wages <b>87422.44</b>		4 Social security tax withheld <b>5420.19</b>	
			5 Medicare wages and tips <b>87422.44</b>		6 Medicare tax withheld <b>1267.63</b>	
			7 Social security tips		8 Allocated tips	
d Control number <b>7844</b>			9		10 Dependent care benefits	
e Employee's first name and initial <b>JAMES K</b>		Last name <b>ROTH, III</b>		11 Nonqualified plans		
f Employee's address and ZIP code <b>385 SOUTH RICHARDSON AVE. DALLAS, TX 75344</b>			12a See Instructions for box 12 <b>D</b>		<b>7844.44</b>	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
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

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