

<b>WILLIAMS-JOHNSON LLC</b>		Employer's EIN <b>74-9876135</b>		Employee's SSN <b>239-87-1098</b>		
<b>ATTN: MR. PAYROLL</b>						
<b>23565 LEXINGTON, BLDG</b>		1 Wages, tips, other compensation <b>90000.00</b>		2 Federal income tax withheld <b>22000.00</b>		
<b>ARLINGTON, VA 34788-2478</b>		3 Social security wages <b>80400.00</b>		4 Social security tax withheld <b>4984.80</b>		
<b>IMPORTANT TAX RETURN DOCUMENT ENCLOSED</b>		5 Medicare wages and tips <b>90000.00</b>		6 Medicare tax withheld <b>1305.00</b>		
		7 Social security tips		8 Allocated tips		
		9 Advance EIC payment		10 Dependent care benefits		
<b>JOHN H DOE, JR</b>  <b>P. O. BOX 1346</b> <b>OKLAHOMA CITY, OK 78522</b>		11 Nonqualified plans		12a See Instructions for box 12 <b>J 20.00</b>		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b <b>K 30.00</b>		
		14 Other		12c <b>L 40.00</b>		
				12d <b>M 50.00</b>		
f Employee's address and ZIP code						
15 State	Employer's state ID number <b>NE 34-Nev-1788344443-48</b>	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

22222		a Employee's social security number <b>239-87-1098</b>	For Official Use only ▶ OMB No. 1545-0008			
b Employer identification number <b>74-9876135</b>		1 Wages, tips, other compensation <b>90000.00</b>		2 Federal income tax withheld <b>22000.00</b>		
c Employer's name, address and ZIP code <b>WILLIAMS-JOHNSON LLC</b> <b>ATTN: MR. PAYROLL</b> <b>23565 LEXINGTON, BLDG</b> <b>ARLINGTON, VA 34788-2478</b>		3 Social security wages <b>80400.00</b>		4 Social security tax withheld <b>4984.80</b>		
		5 Medicare wages and tips <b>90000.00</b>		6 Medicare tax withheld <b>1305.00</b>		
		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 <b>JOHN H</b>		Last name <b>DOE, JR</b>		11 Nonqualified plans		
<b>P. O. BOX 1346</b> <b>OKLAHOMA CITY, OK 78522</b>		12a See Instructions for box 12 <b>J 20.00</b>		12b <b>K 30.00</b>		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c <b>L 40.00</b>		
		14 Other		12d <b>M 50.00</b>		
f Employee's address and ZIP code						
15 State	Employer's state ID number <b>NE 34-Nev-1788344443-48</b>	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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.

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