REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							
STATE	MENT 0	91-98-9519	OMB N	o. 1545-000	8 FAST! Us	e 🔍	54411	G a	t www.ir	s.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2	Federal income tax withheld			
67-3131565				131603.92			3	34606.74			
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld			
Fuller-Campbell PLC				143066.08			1	10944.56			
812 Hill Wall New Robertborough HI 27766-3201					5 Medicare wages and tips			6 Medicare tax withheld			
					129425.23			3753.33			
					7 Social security tips			8 Allocated tips			
					143066.08			129425.23			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
9269446								295			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Curtis Miller					286			P 7237			
					ry Retirement	Third-party	12b				
5625 Susan Mission					employee plan sick pay			G 284			
Port Jenniferberg WA 27407-3058					14 Other (see enclosed Notice to Employee)						
								E 4	139		
								12d			
									944		
f Employee's add	ress and ZIP code							1-	733		
	byer's state ID number	16 State wages, tips, etc.	17 State income tax	1	18 Local wages, tips,	etc.	19 Local inc	ome tax		20 Locality name	
IL	124-60-229	60308.63	5324.46		148286.26		19285	9285.01		Green Mountains	
СТ	704-13-961	66292.14	5215.83		141280.53		17675	. 0		Gibson Circle	
				ı							

Wage and Tax

5010

Department of the Treasury--Internal Revenue Service

Form W-2 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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT 091-98-9519	to file a tax return, a negligence this income is taxable and you		ction may be imposed on you if					
b Employer identification number	1	Wages, tips, other compensation	2 Federa	Federal income tax withheld				
67-3131565		131603.92	3460	34606.74				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social	security tax withheld				
Fuller-Campbell PLC		143066.08	1094	10944.56				
812 Hill Wall	5	Medicare wages and tips	6 Medica	Woodsday tax maniola				
New Robertborough HI 27766-3201		129425.23		3753.33				
New Robertborough HI 27766-3201	7	Social security tips	8 Allocat	8 Allocated tips				
		143066.08		129425.23				
d Control number	9	Advance EIC payment	10 Depen	10 Dependent care benefits				
9269446				295				
e Employee's first name and initial Last name	11	11 Nonqualified plans 12a See instructions for box 1						
Counties William		286		P 7237				
Curtis Miller	13 Stat		12b					
5625 Susan Mission	emp	loyee plan sick pay	G	G 284				
Port Jenniferberg WA 27407-3058	14	Other (see enclosed Notice to Employ	ee) 12c	1				
Tore demiriciping wit 27407 3030			E	439				
			12d	12d				
				944				
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name				
IL 124-60-229 60308.63 53	24.46	148286.26	19285.01	Green Mountains				
CT 704-13-961 66292.14 52	15.83	141280.53	17675.0	Gibson Circle				

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

