F	REISSUED	a Employee's socia	•				Safe, Accu	irate,		H	Visit the	IRS Webs	ite	
S	TATEMENT	07	4-79-6129	OMB N	o. 1545-0	8000	FAST! Us	e		ile)	at www.i	rs.gov/efile).	
b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld					
	44-9295521					195512.75				65889.69				
c Emplo	yer's name, address, and 2	IP code			3 Social security wages				4	4 Social security tax withheld				
Miranda, Steele and Harris Inc					216144.46				:	16535.05				
87304 Jonathan Radial Suite 730					5 Medicare wages and tips				6					
North Meaganside SD 25373-4229				139956.74 7 Social security tips					4058.75 8 Allocated tips					
Not the Meaganstae DD 20070 4220				216144.46				8						
									10	139956.74 10 Dependent care benefits				
d Control number					9	Advance	EIC payment		10	Depen		eneiits		
	2290055									202				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12						
	a. 1 —1				218				G 9828					
Cindy Thomas					13 Statutory Retirement Third-party employee plan sick pay				12b		1			
6644 Whitehead Knolls Apt. 812					x x					н 796				
Harrisview WI 49282-4134					14 Other (see enclosed Notice to Employee)				e) 12c	12c				
										212				
				12d					L					
										G	271			
										G	2/1			
15 State	eyee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	Ь	18 Loc	cal wages, tips, e	tc. 1	19 Local ir	ncome ta	x	20 Locality	/ name	
ND	584-32		106718.33	11494.53		181454.87		27375.37			Cole			
				†								†		
CA	329-16	329-16-790 95036.48 9604.57		240146.37 23			23710.26			Shea D	ivide			

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

REISSUED	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are req										
STATEMENT	TATEMENT O74-79-6129 OMB 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.									n you if	
b Employer identification nu	b Employer identification number						Federal income tax withheld				
44-9295521					195512.75		65889.69				
c Employer's name, addres	, and ZIP code			3 8	ocial security wages		4 Social security tax withheld				
Miranda, Steele and Harris Inc					216144.46		16535.05				
87304 Jonathan Radial Suite 730 North Meaganside SD 25373-4229				5 N	ledicare wages and tips		6 Medicare tax withheld 4058.75				
					139956.74						
				7 5	ocial security tips		8 Allocated tips				
					216144.46		139956.74				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
2290055							202				
e Employee's first name and	e Employee's first name and initial Last name				lonqualified plans		12a See instructions for box 12				
Cindy Thomas 6644 Whitehead Knolls Apt. 812				13 Statu			G 9828 H 796				
Harrisview WI 49282-4134					Other (see enclosed Notice to Employ	ee)	12c				
					,,,,,,			212			
							12d				
								G 271			
f Employee's address and a											
15 State Employer's stat		16 State wages, tips, etc.	17 State income tax				ocal income tax	20 Locality name			
ND 584	-32-944	106718.33	11494.53	181454.87		273	27375.37		Cole	Fork	
CA 329	329-16-790 95036.48 9604.57		240146.37 2		23	710.26	Shea I	ivide			

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

