R	EISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website				
ST	<b>TATEMENT</b>	54	2-28-9190	OMB N	o. 1545-0	800	FAST! Us	se	$G^{\sim}$	IIIE	at www.	irs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				2	Federal income tax withheld			
	43-3816313				112043.19					25107.75			
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4	4 Social security tax withheld			
Ward Inc Ltd					103113.87					7888.21			
4175 Richard Pass Suite 858 New Jonathanfort SC 97573-0112					5 Medicare wages and tips				•	6 Medicare tax withheld			
					128188.85					3717.48			
					7 Social security tips					8 Allocated tips			
					103113.87					128188.85			
<b>d</b> Contro	ol number				9 Advance EIC payment				10	10 Dependent care benefits			
3489918										276			
e Employee's first name and initial Last name					11 Nonqualified plans				1:	12a See instructions for box 12			
	Martin Miller					294				4757			
						13 Statutory Retirement Third-party				2b			
206 Stuart Motorway Suite 942					employee plan sick pay					G 943			
Bryanfurt KS 32944-4257						14 Other (see enclosed Notice to Employee)				?c			
Diyanidic No S2944 4257											837		
									1:	12d			
										D	299		
f Employ	vee's address and ZIP cod	Δ.							-		233		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	l wages, tips,	etc.	19 Loca	l income	ax	20 Locality name	
ОН	318-30	-824	61330.63	3837.2		80576.17		1801	.8017.86		Cooper Rue		
											_	T	
ME	302-77	-707	52207.48	4116.58		1094	19.12		2050	4.05	<b>D</b>	Jacqueline Divide	

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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.

F	REISSUED a Employee's social security number  This information is being furnished to the Internal Revenue Service. If you are re											
S	TATEMENT	NT 542-28-9190 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.										
<b>b</b> Emplo	yer identification number	•			1 \	Wages, tips, other compensation		2 Federal income tax withheld				
43-3816313						112043.19		25107.75				
c Employer's name, address, and ZIP code						Social security wages		4 Social security tax withheld				
Ward Inc Ltd						103113.87		7888.21				
4175 Richard Pass Suite 858						Medicare wages and tips	6 Medicare tax withheld					
New Jonathanfort SC 97573-0112						128188.85		3717.48				
					7 8	Social security tips		8 Allocated tips				
						103113.87		128188.85				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	3489918				276							
e Emplo	e Employee's first name and initial Last name					Nonqualified plans		12a See instructions for box 12				
	Martin Miller 206 Stuart Motorway Suite 942					294 utory Retirement Third-party		4757				
						loyee plan sick pay		G	943			
						Other (see enclosed Notice to Employ	(00)	12c				
Bryanfurt KS 32944-4257					14 (	Stret (see enclosed Notice to Employ	,66)	120				
								837				
									i			
									299			
f Employee's address and ZIP code												
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		10 2000 1000 1000		ocal income tax	20 Locality name			
OH	318-30	)-824	61330.63	3837.2	80576.17 1		18	18017.86		Cooper Rue		
ME	302-77	7-707	52207.48	4116.58	109419.12		20	504.05	Jacqueline Divide			

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

