REISSUED a STATEMENT	Employee's social security number 037-12-4361	OMB No	o. 1545-00	Safe, Accurate,  FAST! Use	*e~file	Visit the IRS Website at www.irs.gov/efile.		
b Employer identification number 53-2068650				/ages, tips, other compensation 74735.09		2 Federal income tax withheld 26648.56		
c Employer's name, address, and ZIP code  Miller-Mckay Ltd				ocial security wages		4 Social security tax withheld 6045.28		
43397 Lisa Field Suite 014				edicare wages and tips 79301.56	6 Med	6 Medicare tax withheld 2299.75		
Simsshire AZ 96282-7262				ocial security tips 79023.26	8 Alloc	8 Allocated tips 79301.56		
d Control number 4445187			<b>9</b> A	dvance EIC payment	<b>10</b> Dep	10 Dependent care benefits 160		
e Employee's first name and initial Last name  John Harris  457 Ellis Plains  Melissaville GA 54009-5246			11 N	onqualified plans	12a See	12a See instructions for box 12		
			13 Statut		12b	2910		
			empic	yee plan sick pay	E	875		
			14 0	ther (see enclosed Notice to Employ	yee) 12c	378		
					12d D	165		
f Employee's address and ZIP code						1-00		
15 State Employer's state ID number	er 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Local income	tax 20 Locality name		
VA 966-22-0	39651.46	2231.6		90738.8	9558.55	Gonzalez Extensions		
ОН 842-02-0	35930.93	1940.89		96892.67	13391.1	B Lauren Walks		

Wage and Tax

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

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's soci	•		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							
	TATEMENT	0:	37-12-4361	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld					
53-2068650				74735.09			26648.56					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Miller-Mckay Ltd				79023.26			6045.28					
43397 Lisa Field Suite 014 Simsshire AZ 96282-7262				5 Medicare wages and tips			6 Medicare tax withheld					
					79301.56	2299.75						
				7 5	Social security tips	8 Allocated tips						
				79023.26			79301.56					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
	4445187				160							
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instructions for box			for box 12						
John Harris			223			D 2910						
	DOINI HAILIS				13 Statutory Retirement Third-party employee plan sick pay			12b				
457 Ellis Plains							E	875				
Melissaville GA 54009-5246				14 (	Other (see enclosed Notice to Employ	ree)	12c	i				
							378					
								12d	ı			
								D 165				
	yee's address and ZIP coo		T	T.= 2		T				T		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name		
VA	966-22	2-007	39651.46	2231.6		90738.8 95		9558.55		Gonzalez Extensions		
ОН	842-02	2-041	35930.93	1940.89		96892.67	13	391.18		Lauren Walks		

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

