REISSU	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								
STATEM	IENT 7	73-40-1781	OMB N	o. 1545-00	08 FAST! U	se 🐃		le)	at www.i	rs.gov/efile.		
b Employer identification number				1 W	1 Wages, tips, other compensation				Federal income tax withheld			
20-1	296423				217508.64				50208.74			
c Employer's name	e, address, and ZIP code			3 Social security wages			4	4 Social security tax withheld				
Miller-Johnson Inc				159729.41			1	12219.3				
07217 Sheppard Crescent				5 Medicare wages and tips			6	• modical o tax mamble				
				230271.76				6677.88				
Lake Aprilburgh NY 99198-2996				7 Social security tips			8	8 Allocated tips				
					159729.41			230271.76				
d Control number				9 Advance EIC payment			10					
274286								213				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
				139				P 5087				
Elizabeth Rose				13 Statut		Third-party	12b					
7755 Karen Hill Suite 463				employee plan sick pay				н 465				
East Linda TX 03621-3499				14 O	ther (see enclosed No	tice to Employe	ee) 12c		i			
									393			
						12d	12d					
								н	372			
f Employee's addr	ess and ZIP code						-	11	372			
1 7	yer's state ID number	16 State wages, tips, etc.	17 State income tax]	18 Local wages, tips,	etc.	19 Local inc	come tax		20 Locality na	ame	
IN	279-07-477	100496.07	7116.27		203615.16		35759.48			Baker (Camp	
IN	286-22-290	98711.81	9052.07		258451.98		32559	. 4		Kimberly	Run	

Wage and Tax

5070 **Statement**

Department of the Treasury--Internal Revenue Service

Form W-2 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 soo	cial security number		This information is being furnished to the Internal Revenue Service. If you are requi							
STATEMENT	STATEMENT 773-40-1781 OMB NO.				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 Employer identification number				1	Wages, tips, other compensation		Federal income tax withheld				
20-1296423					217508.64			50208.74			
c Employer's name, addres	c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Miller-Johnson Inc					159729.41			12219.3			
07217 Sheppard Crescent				5 Medicare wages and tips			6 Medicare tax withheld				
Lake Aprilburgh NY 99198-2996				230271.76			6677.88				
				7 Social security tips			8 Allocated tips				
					159729.41			230271.76			
d Control number				9	9 Advance EIC payment			10 Dependent care benefits			
274286	274286							213			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
					139			P 5087			
Elizabeth Rose				13 Statutory Retirement Third-party			12b				
7755 Karen Hill Suite 463				employee plan sick pay			н 465				
East Linda TX 03621-3499				14 Other (see enclosed Notice to Employee)			12c				
							393				
			12d								
							н	272			
							п	372			
f Employee's address and find the first fi		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income	tax	20 Locality	/ name	
	-07-477	3, 1.,	7116.27		203615.16		5759.4		Baker		
2/3	· · · · · · · · · · · · · · · · · · ·	100430.07	7110.27		203013.10		J, JJ. 4	·	Daker	Camp	
IN 286	-22-290	98711.81	9052.07		258451.98	32	2559.4		Kimber	ly Run	

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

