REISSUED a Employee's social security num	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT 084-44-5	426	OMB No. 1545	-0008 FAST! U	Jse 🗬	5 ~11	<i>e</i> at	www.irs.gov/efile.				
b Employer identification number	b Employer identification number			pensation	2	2 Federal income tax withheld					
04-8623690			249150.39	9	7	79360.63					
c Employer's name, address, and ZIP code	3	Social security wages		4	4 Social security tax withheld						
Mills LLC LLC		234860.4	7	1	17966.83						
76053 David Terrace	5	Medicare wages and ti	os	6	6 Medicare tax withheld						
Deinschungh zu 10500		270838.8	5		7854.33						
Princeburgh KY 12588	7	Social security tips		8	8 Allocated tips						
		234860.47			270838.85						
d Control number			Advance EIC payment		10	•	care benefits				
1074786					214						
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Joseph Miller			187			G 9934					
			13 Statutory Retirement Third-party			12b					
070 Duncan Camp	e	mployee plan	sick pay		Е 3	86					
West Lisaberg ME	14	Other (see enclosed N	otice to Employe	ee) 12c	1						
					3	62					
			!			12d					
						E 3	44				
f Employee's address and ZIP code											
15 State Employer's state ID number 16 State was	ges, tips, etc. 17 State	income tax	18 Local wages, tip:	s, etc.	19 Local inc	ome tax	20 Locality name				
IA 630-05-120 120559	9.34 1278	2.55	238170.25 3		36809.43		Johnny Crossroad				
OK 040-49-349 136190	0.86 1669	6.76	313127.93	3	35428	. 47	Henry Crossroad				

Wage and Tax Statement 5070

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.

RI	EISSUED	a Employee's social security num	ber		This information is being furnished to the Internal Revenue Service. If you are required								
ST	ATEMENT	084-44-5	426	OMB No	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 Employe	er identification number				1 Wages, tips, other compensation					2 Federal income tax withheld			
04-8623690				249150.39					79360.63				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld			
Mills LLC LLC					234860.47					17966.83			
76053 David Terrace					5 Medicare wages and tips					6 Medicare tax withheld			
Princeburgh KY 12588-8164				270838.85					7854.33				
				7 Social security tips					8 Allocated tips				
				234860.47					270838.85				
d Control number			9 Advance EIC payment				10 Dependent care benefits						
1074786							214						
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Joseph Miller			187				G 9934						
			13 Statutory Retirement Third-party employee plan sick pay				12b						
070 Duncan Camp			en	ipioyee	plan	sick pay			E	386			
Tá	Jost Tisak	oera ME	63514-7	1230	14	Other (see	enclosed Not	ice to Employ	ree)	12c			
West Lisaberg ME 63514-7239										362			
								F	12d				
											_ [
									-		E	344	
f Employe	ee's address and ZIP coo		tine ata [4]	7 State income tax		140 1		-1-	40.1	ocal inco			20. Lassituassa
	Employer's state ID no	· · · · · · · · · · · · · · · · · · ·	,,.,.,				wages, tips,	eic.					20 Locality name
IA	630-05	5-120 120559	9.34 1	.2782.55		2381	70.25		36	809.	. 43		Johnny Crossroad
OK	040-49	9-349 136190	0.86 1	.6696.76		3131	27.93		35	428	. 47		Henry Crossroad

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

