REISSUED	a Employee's socia	•			Safe	e, Accurate,	RS D	zH.	Visit the	IRS Webs	ite	
STATEMENT	52	29-39-5479	OMB N	lo. 1545-0	008 FAS	T! Use	G	file	at www.i	irs.gov/efile) .	
b Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld				
95-4434879					126628.14				42832.96			
c Employer's name, address, an	d ZIP code			3 3	3 Social security wages				4 Social security tax withheld			
Mcdaniel, Cox and Thompson Ltd					112227.01				8585.37			
44504 Hall Radial Apt. 197				5 Medicare wages and tips				6 Medicare tax withheld				
Port Trevormouth NE 06631-6951				91432.98				2651.56				
FOIL HEVOLMOUGH NE 00031-0931				7 Social security tips				8 Allocated tips				
					112227.01			91432.98				
d Control number				9 Advance EIC payment 10 Dependent care benefits				enefits				
2741015									139			
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Bill Miller				157				н 4549				
DIII M	тттет			13 Statu	tory Retire	ment Third-party	у	12b	1			
2375 Ashley Cliff				X	X	Sick pay			673			
Lake Samuelmouth CO 64280-7546				14 (Other (see enclos	ed Notice to Emplo	oyee)	12c	1			
								H	н 106			
								12d				
									538			
f Employee's address and ZIP of												
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wage	• • •		ocal income ta	•	20 Locality	/ name	
AL 607-3	5-417	58764.65	4199.22		135847.61 1		144	14467.86		Kimberly	Terrace	
CT 244-5	8-245	63161.41	4369.28		89972.33		171	17192.53		York	Port	

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.

REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	52	29-39-5479	OMB N	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 Employer identification number				1 V	/ages, tips, other compensation		2 Federal income tax withheld			
95-4434879				126628.14			42832.96			
c Employer's name, address, and	d ZIP code			3 Social security wages			4 Social security tax withheld			
Mcdaniel, Cox and Thompson Ltd				112227.01			8585.37			
44504 Hall Radial Apt. 197 Port Trevormouth NE 06631-6951				5 Medicare wages and tips			Medicare tax withheld			
				91432.98			2651.56			
				7 Social security tips			8 Allocated tips			
				112227.01			91432.98			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
2741015							139			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Bill Miller 2375 Ashley Cliff				157 13 Statutory Retirement Third-party			н 4549			
				13 Statutory Retirement Third-party employee plan sick pay			673			
2575 IISHIEY CITT					Other (see enclosed Notice to Employ		12c	0,0		
Lake Samuelmouth CO 64280-7546				Other (see enclosed Notice to Employee)			120			
			н 106							
						Ī	12d			
							538			
f Employee's address and ZIP code									T	
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		3,.,.,		9 Local income tax		20 Locality	name
AL 607-3	5-417	58764.65	4199.22		135847.61		14467.86		Kimberly	Terrace
CT 244-5	8-245	63161.41	4369.28		89972.33	17	192.53		York	Port

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

