REISSUED	a Employee's soci	•			Safe	, Accurate,	e n	z HI		Visit the	IRS Websit	е	
STATEMENT	2	16-42-5461	OMB N	o. 1545-0	008 FAS	Γ! Use	5			at www.ii	rs.gov/efile.		
b Employer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld				
61-78698	53			232731.95				72183.74					
c Employer's name, address	and ZIP code			3 Social security wages				4 Social security tax withheld					
Miranda PLC Group				197022.07				15072.19					
6091 Bradley Place				5 Medicare wages and tips				6 Medicare tax withheld					
_					168760.97				4894.07				
New Robertchester MO 26920-2891				7 Social security tips				8 Allocated tips					
				197022.07				168760.97					
d Control number				9	Advance EIC payr	nent		10 D	•	ent care be	enefits		
9237395									297				
e Employee's first name and initial Last name				11 Nonqualified plans 1				12a See instructions for box 12					
Carl Powell				196				G 7359					
				13 Statutory Retirement Third-party employee plan sick pay				12b	ı				
514 Felicia Crossroad					X	X]	E	681			
Reneefurt LA 67254-8344					14 Other (see enclosed Notice to Employee)				ı				
									н	I 704			
								12d					
									P	963			
f Employee's address and Z	P code						-						
15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 Lo	ocal incor	me tax		20 Locality	name	
ID 516	-96-101	106327.33	7889.19		246843	4	278	398.	38		Timothy	Square	
IL 013	-72-901	123768.04	10744.91		291337	57	449	930.	55		Eugene	Grove	

Wage and Tax Statement

Form W-2

5070

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.

RE	EISSUED	a Employee's soci	al security number		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								
STA	ATEMENT	2:	16-42-5461	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 Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld					
61-7869853					232731.95				72183.74				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Miranda PLC Group					197022.07				15072.19				
6091 Bradley Place New Robertchester MO 26920-2891					5 Medicare wages and tips 168760.97				6 Medicare tax withheld				
									4894.07				
					7 Social security tips				8 Allocated tips				
					197022.07				168760.97				
d Control number					9 Advance EIC payment 10 Dependent care benefits					enefits			
9237395					297								
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12					
Carl Powell 514 Felicia Crossroad					196			G 7359					
					13 Stat			12b					
					employee plan sick pay				E 681				
514 Felicia Crossroad									E.	991			
Reneefurt LA 67254-8344					14 Other (see enclosed Notice to Employee)			12c		Ì			
								H	704				
							İ	12d					
								P	963				
f Employe	ee's address and ZIP coo	le					İ						
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local inco	ome tax		20 Locality	name	
ID	516-96	5-101	106327.33	7889.19		246843.4	27	898.	. 38		Timothy	Square	
IL	013-72	2-901	123768.04	10744.91		291337.57	44	930.	. 55		Eugene	Grove	

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

