REISSUED a Employee's social	•			Safe, Accurate	e,	H			RS Website	е	
STATEMENT	76-67-4076	OMB N	o. 1545-000						s.gov/efile.		
<b>b</b> Employer identification number			1 Wages, tips, other compensation				Federal income tax withheld				
36-5065077			217114.59				22014.93				
c Employer's name, address, and ZIP code			<b>3</b> Sc	4 Social security tax withheld							
Miller, Hernandez and Wade Ltd				13011.61							
392 Osborne Lake				5 Medicare wages and tips			6 Medicare tax withheld				
New Danielle MT 28703-3466			173158.04				5021.58				
			7 Social security tips				8 Allocated tips				
				170086.44			:	1731	58.04		
d Control number			9 Advance EIC payment			10 Dependent care benefits					
2599714								185			
e Employee's first name and initial Last name			11 No	12a See instructions for box 12							
			131				E 3280				
Joseph Spence				13 Statutory Retirement Third-party							
247 Ashley Plain			X employ	ee plan sic	c pay			473			
Jaredhaven HI	29505-7449		<b>14</b> Ot	her (see enclosed Notice to	Employee)	12c	í				
								491			
						12d					
							G .	578			
f Employee's address and ZIP code							<u> </u>	<u> </u>			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	<u>'                                    </u>	18 Local wages, tips, etc.	19	Local inco	me tax		20 Locality r	name	
WV 448-82-094	117525.59	8447.63		253418.64	3:	2978.	16		David M	anors	
NE 772-63-983	112196.32	8804.88		192472.86 2		27387.7			Rachel B	ranch	
Wage and Tax Statement				Department of the TreasuryInternal Revenue Service							

Wage and Tax **Statement** 

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	0	76-67-4076	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>b</b> Employer identification number				1	Wages, tips, other	compensation		2 Fe	deral income	tax withheld	
36-5065077			217114.59				22014.93				
c Employer's name, address, and	ZIP code			3	Social security was	ges		4 So	cial security t	ax withheld	
Miller, Hernandez and Wade Ltd			170086.44				13011.61				
392 Osborne Lake			5 Medicare wages and tips				6 Medicare tax withheld				
New Danielle MT 28703-3466			173158.04 7 Social security tips				5021.58  8 Allocated tips				
d Control number				9	Advance EIC payr	nent		<b>10</b> De	pendent care	e benefits	
2599714									185		
e Employee's first name and initia	l Last nam	е		11	Nonqualified plans	3		12a Se	e instruction	ns for box 12	
_ ,	_				131			E	328	0	
Joseph	Spence			<b>13</b> Stat	*			12b			
247 Ashle	y Plain			X	oloyee plan	sick pay			473		
Jaredhave	n HI	29505-7449		14	Other (see enclose	ed Notice to Employ	yee)	12c	i		
							491				
							-	12d			
								G	578		
. F	1.						-	G	576		
f Employee's address and ZIP co		16 State wages, tips, etc.	17 State income tax		18 Local wages	s. tips. etc.	19 L	ocal incom	e tax	20 Locality name	
WV 448-8	2-094	117525.59	8447.63		253418	64	32	978.1	6	David Manors	
			<u> </u>				1				
NE 772-6	3-983	112196.32	8804.88		192472	. 86	27	387.7		Rachel Branch	

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

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