REISSUED a Employee's social security number			Safe,	Accurate,			Visit the	IRS Website		
STATEMENT 131-28-3085	OMB No	. 1545-00	08 FAST	! Use	GTI	1e	at www.ii	rs.gov/efile.		
b Employer identification number		1 V	ages, tips, other	compensation	2	Federal	income tax	withheld		
76-7229151			132258.67				29691.68			
c Employer's name, address, and ZIP code		3 S	ocial security wag	es	4	Social s	ecurity tax	withheld		
Meyer, Burnett and Miller Ltd			144948.74				11088.58			
64447 Steven Valley Suite 645			5 Medicare wages and tips				6 Medicare tax withheld			
Coxmouth FL 39501-2818			120865.62				3505.1			
COAMOUCH III 35301 2010			7 Social security tips			8 Allocated tips 120865.62				
d Control number			144948.		- 40	B				
		9 A	dvance EIC paym	ent	10	Depend	lent care be	enerits		
4032609							238			
e Employee's first name and initial Last name		11 N	onqualified plans		12a	See ins	structions f	or box 12		
			263			н 6159				
Amanda Wilcox 154 Gregory Ferry Suite 656 New Cherylport UT 58930-5781			ory Retireme		12b					
			employee plan sick pay				278			
			14 Other (see enclosed Notice to Employee)				i			
							162			
					12d	<u> </u>				
							343			
f Employee's address and ZIP code							0.0			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Local in	come tax		20 Locality name		
KS 562-83-939 70831.37	5357.15		166640.38		24570	24570.9		Kim Springs		
TX 538-33-341 62844.91	5070.33		119450.	2	23338	8.8		Scott Summit		

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.

F	REISSUED	a Employee's socia	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	ce. If you are required	
	TATEMENT	13	31-28-3085	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 Emplo	b Employer identification number			Wages, tips, other compensation			Federal income tax withheld				
76-7229151			132258.67			29691.68					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Meyer, Burnett and Miller Ltd			144948.74			11088.58					
64447 Steven Valley Suite 645 Coxmouth FL 39501-2818			5 N	ledicare wages and tips	6 Medicare tax withheld						
				120865.62	3505.1						
			7 Social security tips			8 Allocated tips					
			144948.74			120865.62					
d Control number			9 Advance EIC payment			10 Dependent care benefits					
4032609						238					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Amanda Wilcox 154 Gregory Ferry Suite 656 New Cherylport UT 58930-5781			263			н 6159					
			13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b					
						G	278				
						12c					
		162									
								12d	İ		
			!			343					
	yee's address and ZIP cod										
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	(20 Locality name	
KS	562-83	-939	70831.37	5357.15		166640.38		24570.9		Kim Springs	
тx	538-33	3-341	62844.91	5070.33		119450.2	23	338.8		Scott Summit	

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

