REISSUED	REISSUED a Employee's social security number			Safe, Accurate,				Visit the	IRS Website	
STATEMENT	78	86-90-1103	OMB N	lo. 1545-0	008 FAST! Use		≁file	at www.ii	rs.gov/efile.	
b Employer identification number				1	1 Wages, tips, other compensation			2 Federal income tax withheld		
62-1870280					158883.16			17571.69		
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld		
Miller LLC LLC				148287.15			11343.97			
2310 Linda Terrace				5 Medicare wages and tips			6 Medicare tax withheld			
				173991.19			5045.74			
Nathanieir	Nathanielburgh NE 24586-6729				7 Social security tips			8 Allocated tips		
				148287.15			173991.19			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
2589478							198			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				260			E 8758			
Terri Sanders 649 Turner Plaza Ericville TN 04837-9494				13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b	i		
								763		
							12c	1		
								355		
							12d			
							P	795		
. F	- 1-						P	195		
f Employee's address and ZIP of 15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	19	Local income tax	ζ	20 Locality name	
, ,, , , , , , , , , , , , , , , , , , ,	1-663	77797.98	5919.63		201341.21		30664.2		Tracy Valley	
										
ні 795-6	6-543	79362.2	6429.45		190197.79	21	L424.21		Michael Club	

Wage and Tax Statement

Form W-2

5010

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 furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	78	36-90-1103	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	yer identification number	l .		u u	Wages, tips, other compensation			2 Federal income tax withheld		
62-1870280				158883.16			17571.69			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Miller LLC LLC				148287.15			11343.97			
2310 Linda Terrace				5 Medicare wages and tips			Medicare tax withheld			
				173991.19			5045.74			
	Nathanielburgh NE 24586-6729				7 Social security tips			8 Allocated tips		
				148287.15			173991.19			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits		
2589478								198		
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Terri Sanders 649 Turner Plaza Ericville TN 04837-9494				260			E 8758			
				13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b	1		
								763		
							12c			
							355			
								12d		
								P	795	
f Emplo	ovee's address and ZIP cod	lo.					ŀ	-	,,,,	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	l	18 Local wages, tips, etc.	19 L	Local income to	ЭX	20 Locality name
IL	701-41	663	77797.98	5919.63		201341.21	30	664.2		Tracy Valley
			-	†						† -
HI	795-66	5-543	79362.2	6429.45		190197.79	21	424.21		Michael Club

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

