REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							÷	
STATEMENT	6.	56-81-4909	OMB N	o. 1545-0	008 FAS	ſ! Use	E-V	file	at www.i	irs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld			
94-2690704					188788.65				51278.71			
c Employer's name, address	and ZIP code			3 Social security wages				4 Social security tax withheld				
Thompson, Wiggins and Miller and Sons				230463.46				17630.45				
372 Maria Field Suite 653					5 Medicare wages and tips				Medicare tax withheld			
					136742.03				3965.52			
Harrellchester VT 56548-3295					7 Social security tips				8 Allocated tips			
					230463.46				136742.03			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits				
9316795									244			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					107				P 9107			
Anthony Tyler					13 Statutory Retirement Third-party employee plan sick pay				1		-	
283 Little Garden					oyee plan	X			850			
West Yolanda SD 91169-9184					14 Other (see enclosed Notice to Employee)							
West Iolanda SD 91109 9104									166			
							12	12d				
								-	F70			
								E	572			
f Employee's address and Z 15 State Employer's state		16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages	tips, etc.	19 Loca	l income ta	x	20 Locality n	ame	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-23-208	100813.51	10796.66		244865.			34.92	· ·	Browning P		
		110013.31	10,30.00		211000.		3370	,		BIOWNING P	rairie	
IL 147	-38-860	88534.49	8670.79		161114.	68	2626	3.18		Prince I	Light	

Wage and Tax

Form W-2 Statement

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.

REI	SSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
	TEMENT	65	66-81-4909	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 id	dentification number			I	1 V				2 Federal income tax withheld			
94-2690704					188788.65			51278.71				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Thompson, Wiggins and Miller and Sons				230463.46			17630.45					
372 Maria Field Suite 653				5 Medicare wages and tips			6 Medicare tax withheld					
Harrellchester VT 56548-3295				136742.03			3965.52					
				7 Social security tips			8 Allocated tips					
				230463.46			136742.03					
d Control number				9 Advance EIC payment			10 Dependent care benefits					
9316795							244					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Anthony Tyler 283 Little Garden West Yolanda SD 91169-9184				107 13 Statutory Retirement Third-party			P 9107					
				employee plan sick pay X 14 Other (see enclosed Notice to Employee)			850					
							12c					
							166					
							12d					
							E 572					
f Employee's address and ZIP code					T				1			
	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,1,7,		Local income tax		20 Locality name		
ND	839-23	3-208	100813.51	10796.66		244865.14	33	784.92		Browning Prairie		
IL	147-38	8-860	88534.49	8670.79		161114.68	26	263.18		Prince Light		

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

