R	EISSUED a Employee's social security number			Safe, Accurate,					Visit the IRS Website				
ST	ATEMENT	85	8-75-3479	OMB N	o. 1545-	8000	FAST! Us	e	5~ I	II E	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
7	71-3225508					66681.82				11117.25			
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld			
Dixon LLC and Sons						76023.06				5815.76			
701 Elizabeth Well Suite 847				5					6 Medicare tax withheld				
Courth Mulafort ME 19020-2025				65670.82					1904.45				
*	South Kylefort ME 18020-3925				7 Social security tips				8	8 Allocated tips			
					76023.06					65670.82			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
7	7173835				_				206				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
					277				P 8423				
Gail Miller				13 Statutory Retirement Third-party employee plan sick pay				12b		î			
0959 Mark Islands Apt. 855					em	ipioyee	pian	SICK Pay			752		
East Kristinfurt CT 07609-6547					14 Other (see enclosed Notice to Employee)				e) 12c		1		
										G	310		
								12d	12d				
										E	533		
f Employee's address and ZIP code											1		
15 State	Employer's state ID nu	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		18 Local wages, tips, etc. 19		19 Local i	Docal income tax		20 Locality name				
SC	504-09	-335	35440.26	1757.64		84084.14 1		1055	10559.08		Alexis Mountains		
IN	876-86	876-86-129 31987.27 1514.81		63227.1 7		7034.0			Frances Underpass				

Wage and Tax
Form W-2 Statement

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	REISSUED a Employee's social 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						
	STATEMENT 858-75-3479 OMB N				No. 1545-0008 this income is taxable and you fail to report it.						
b Employer	ridentification number	1 \	/ages, tips, other compensation	Federal income tax withheld							
7:	1-3225508	66681.82			11117.25						
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Dixon LLC and Sons					76023.06			5815.76			
701 Elizabeth Well Suite 847					ledicare wages and tips	6 Medicare tax withheld					
٠,	outh Vulators		65670.82	1904.45							
50	outh Kylefort	7 9	ocial security tips	8 Allocated tips							
					76023.06			65670.82			
d Control nu	d Control number				9 Advance EIC payment			10 Dependent care benefits			
7:	173835					206					
e Employee	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
_					277	P 8423					
G	Gail Miller 0959 Mark Islands Apt. 855				ory Retirement Third-party	12b					
0					employee plan sick pay			752			
East Kristinfurt CT 07609-6547					14 Other (see enclosed Notice to Employee)			12c			
	dasc missimale of 0,003 034,							G 310			
					12d						
					E	533					
f Employee's address and ZIP code											
15 State	Employer's state ID number	oloyer's state ID number 16 State wages, tips, etc. 17 State income ta		18 Local wages, tips, etc. 19			Local income ta:	20 Locality name			
sc	504-09-335	35440.26	1757.64		84084.14 1		.0559.08		Alexis Mountains		
IN	876-86-129	31987.27	1514.81	63227.1		70	34.0	Frances Underpass			

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

