REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 841-69-3965	OMB No.	1545-0008	FAST! Use		VIII	at www.	irs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
54-3609105			.65435.42		57330.65				
c Employer's name, address, and ZIP code		3 Soc	ial security wages		4 Social security tax withheld				
Phillips-Williams Ltd			207729.37			15891.3			
3122 Dakota Locks Apt. 063			licare wages and tips		6 Medicare tax withheld				
Roberthaven ID 46489-8363			08272.03		6039.89				
Robert diaven 1b 40405 0505			7 Social security tips			8 Allocated tips			
		207729.37 9 Advance EIC payment			208272.03				
d Control number			ance EIC payment		10 Dep	endent care b	penefits		
1387682						160			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
moules Wills			240			P 1889			
Taylor Mills			13 Statutory Retirement Third-party employee plan sick pay			1			
524 Hopkins Ranch Apt. 512			X	olon pay	P	979			
East Amandahaven WY 27608-2112			14 Other (see enclosed Notice to Employee)			i			
					D	414			
					12d				
						585			
f Employee's address and ZIP code									
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	1	8 Local wages, tips, etc	. 19	Local income	tax	20 Locality name		
MI 054-98-677 81910.89	4660.2	1	.94995.06	1'	7946.2	2	Kevin Drives		
VA 323-39-682 90159.75	3381.46	1	.87531.31	20	0317.1		Daniel Greens		

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement

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.

R	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
ST	ATEMENT	84	41-69-3965	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 Employ	b Employer identification number			1 Wages, tips, other compensation				2 Federal income tax withheld			
54-3609105			165435.42				57330.65				
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Phillips-Williams Ltd				207729.37				15891.3			
3122 Dakota Locks Apt. 063			5 Medicare wages and tips				6 Medicare tax withheld				
Roberthaven ID 46489-8363				208272.03				6039.89			
				7 Social security tips				8 Allocated tips			
				207729.37				208272.03			
d Control number				9 Advance EIC payment				10 Dependent care benefits			
1387682									160		
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12				
Taylor Mills 524 Hopkins Ranch Apt. 512 East Amandahaven WY 27608-2112			240				P 1889				
			13 Statutory Retirement Third-party employee X X Sick pay 14 Other (see enclosed Notice to Employee)				12b				
							P	979			
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			`	Julio: (000 011010000 1101	.00 10 2	00,		1			
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	vee's address and ZIP coo										_
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.		cal income tax	:	20 Locality name
MI	054-98	3-677	81910.89	4660.2		194995.06		179	46.22		Kevin Drives
VA	323-39	9-682	90159.75	3381.46		187531.31		203	317.1		Daniel Greens

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

