REIS	SUED	a Employee's socia	l security number				Safe, Accurat		12 HILD	Visit the	IRS Website	
STATE	EMENT	31	.2-73-3925	OMB N	o. 1545-0	800	FAST! Use		≁file •	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
83-8190514					55653.78				9982.88			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Villa-Miller Ltd					42841.88				3277.4			
46721 Michael Circles Suite 719 Jeremybury GA 58711-1783					5 Medicare wages and tips				6 Medicare tax withheld			
					40734.23				1181.29			
061	Delemybury GA 58/11-1/65					7 Social security tips				8 Allocated tips		
					42841.88				40734.23			
d Control numb					9 Advance EIC payment			10 Dependent care benefits				
564	6296							270				
e Employee's fi	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					163			4403				
Michael Alexander					13 Statutory Retirement Third-party employee plan sick pay				12b			
05609 Corey Islands Apt. 733					X Sick pay			356				
East Debra KY 77559-5840					14 Other (see enclosed Notice to Employee)				12c			
								950				
								12d				
										996		
f Employee's address and ZIP code										1550		
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Local	wages, tips, etc.	19	Local income ta	ax	20 Locality name	
NH	728-24	-577	29701.95	1825.46		46494.62		76	7647.25		John Village	
WY	406-29	-926	26371.09	2110.4		4333	1.8	91	.73.37		Michael Corner	

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.

F	REISSUED	a Employee's soc	•		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						
S	TATEMENT	3	12-73-3925	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Emplo	oyer identification number				1 \	Vages, tips, other compensation	Federal income tax withheld				
	83-8190514					55653.78			9982.88		
c Emplo	c Employer's name, address, and ZIP code					Social security wages	4 Social security tax withheld				
Villa-Miller Ltd					42841.88			3277.4			
46721 Michael Circles Suite 719					5 Medicare wages and tips			6 Medicare tax withheld			
	Jeremybury GA 58711-1783					40734.23	1181.29				
						Social security tips	8 Allocated tips				
						42841.88	40734.23				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits		
	5646296								270		
e Emplo	oyee's first name and initial	Last nam	ie		11 Nonqualified plans			12a See instructions for box 12			
	Michael Alexander 05609 Corey Islands Apt. 733					163 tory Retirement Third-party	4403				
						oyee plan sick pay		356			
East Debra KY 77559-5840					14 Other (see enclosed Notice to Employee)			12c			
	2000 20210 N1 77003 0010								950		
								12d			
								996			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	10	Local income tax		20 Locality name		
	* *		9							,	
NH	728-24	<u>+</u> -5//	29701.95	1825.46		46494.62	76	7647.25		John Village	
WY	406-29	9-926	26371.09	2110.4		43331.8 9		9173.37		Michael Corner	

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

