REISSUED a Employee's social sec	urity number			Safe	, Accurate,			Visit the	IRS Website		
STATEMENT 832-	29-2067	OMB No.	1545-0	008 FAS	Γ! Use	G~II	le)	at www.ii	rs.gov/efile.		
b Employer identification number			1 \	Nages, tips, other	compensation	2	Federal	l income tax	withheld		
84-2645126				216194.29				41302.85			
c Employer's name, address, and ZIP code		3 Social security wages				4 Social security tax withheld					
Walters PLC PLC	158339.94				12113.01						
1836 Shawn Flats				5 Medicare wages and tips				6 Medicare tax withheld			
Lake Erin TX 84236-0383				241853.2				7013.74			
				7 Social security tips				8 Allocated tips			
		158339.94				241853.2					
d Control number				9 Advance EIC payment 10 Dependent care bene				enefits			
7582813								200			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Thomas Miller				159			P 6931				
				utory Retirem		12b					
8727 Thomas Estates Apt. 264				employee plan sick pay			D 709				
South Gabriellehaven MT 13815-0 14 Other (see enclosed Notice to Employee) 12c											
South districtionaven Mr 13013 0								480			
						12d		i			
							D	200			
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	s, tips, etc.	19 Local in	come tax		20 Locality name		
OK 409-45-086 11	L2968.15 69	943.86		272040.	46	32082	.86		Garcia Point		
PA 217-20-019 11	16548.37 67	736.13		189595.	66	25176	. 66		James Branch		

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 soci	•			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								
	TATEMENT	83	32-29-20	67	OMB	No. 1545-0	this inco	ne is taxable and		o report it.			. ,	
b Emplo	yer identification number					1	Wages, tips, oth	er compensation		2	Federal	l income ta	c withheld	
84-2645126						216194.29				41302.85				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Walters PLC PLC						158339.94				12113.01				
1836 Shawn Flats					5	5 Medicare wages and tips				6 Medicare tax withheld				
Lake Erin TX 84236-0383						241853.2				7013.74				
					7	7 Social security tips				8 Allocated tips				
						158339.94				241853.2				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits					
7582813										200				
e Emplo	e Employee's first name and initial Last name					11	11 Nonqualified plans				12a See instructions for box 12			
Thomas Miller						159			P 6931					
						13 Statutory Retirement Third-party employee plan sick pay					ı			
8727 Thomas Estates Apt. 264					x			D 709						
South Gabriellehaven MT 13815-0				14	Other (see encl	osed Notice to Em	oloyee)	12c		ı				
										480				
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	yee's address and ZIP coo		1		T		T			<u> </u>			Tarana a	
15 State	Employer's state ID no		16 State wages		17 State income ta	x	18 Local wag			Local inc			20 Locality name	
OK	409-45	5-086	112968.	. 15	6943.86		272040	0.46	32	2082	.86		Garcia Poi	
PA	217-20	0-019	116548.	. 37	6736.13		189595	5.66	25	5176	. 66		James Bran	

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

