F	REISSUED	a Employee's socia	•			Safe	e, Accurate,	10 A	w H		Visit the	IRS Website	
S	TATEMENT	42	23-03-3512	OMB N	lo. 1545-0	008 FAS	T! Use			e	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
66-1049290						132139.73				37450.26			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Miller-Peterson PLC						144951.29				11088.77			
70957 Eric Ferry Apt. 316					5 Medicare wages and tips				6 Medicare tax withheld				
	Lake Jennifer OK 68386-5452					157439.24				4565.74			
						7 Social security tips				8 Allocated tips			
					144951.29			157439.24					
d Contro	ol number				9 Advance EIC payment				10 Dependent care benefits				
	7730504								110				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Maria Davis 195 Jennifer Meadows Suite 062 Port Robert MN 22672-4934					112			н 1437				
						13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)					ı		
										195			
										12c			
											263		
										12d			
										н	731		
f Emplo	ovee's address and ZIP cod	0								11	731		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 1	Local inc	ome tax	:	20 Locality name	
sc	724-88	-129	62926.02	4452.73		133460	.51	19	197	. 34		Joseph Walk	
NM	557-26	-640	59690.7	5774.35		106078	10	1.6	252	20			
IAIAI	357-26	-040	39090.7	3114.33		1000/8	. 10	Τ.0	232	. 40		Bradshaw Inlet	

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.

RI	EISSUED	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							
ST	ATEMENT	4:	23-03-3512	OMB No. 1545-0008 this income is taxable and you fail to report it.								
b Employer identification number						Wages, tips, other compensation	Federal income tax withheld					
66-1049290						132139.73			37450.26			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Miller-Peterson PLC						144951.29	11088.77					
7	70957 Eric Ferry Apt. 316					Medicare wages and tips	6 Medicare tax withheld					
						157439.24	4565.74					
1	Lake Jennifer OK 68386-5452					Social security tips	8 Allocated tips					
						144951.29	157439.24					
d Control	d Control number					9 Advance EIC payment			10 Dependent care benefits			
7	7730504								110			
e Employe	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
N	Maria Davis 195 Jennifer Meadows Suite 062 Port Robert MN 22672-4934					112 13 Statutory Retirement Third-party			H 1437			
1						oyee plan sick pay	125	195				
						Other (see enclosed Notice to Employ	12c					
_							263					
								12d	1			
									731			
	ee's address and ZIP coo		Transis is a	Transition in		Train in the				Lag t iii		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name		
SC	724-88	3-129	62926.02	4452.73		133460.51	19	197.34		Joseph Walk		
NM	557-26	5-640	59690.7	5774.35		106078.18	16	252.28		Bradshaw Inlet		

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

