F	REISSUED	a Employee's socia	al security number			Safe	, Accurate,	200	H	Visit the	IRS Webs	ite	
S	<b>FATEMENT</b>	02	21-30-9582	OMB N	o. 1545-(	0008 <b>FAS</b>	T! Use	<i>G</i>	ile	at www.i	rs.gov/efile	<b>).</b>	
<b>b</b> Employer identification number				1	1 Wages, tips, other compensation				Federal income tax withheld				
25-6620960					213107.65				71878.89				
<b>c</b> Emplo	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Nelson, Roberts and Miller PLC				177406.82				13571.62					
9930 Williams Forge Apt. 190				5 Medicare wages and tips				6 Medicare tax withheld					
Lake Jenna MO 34238-0074					191302.57				5547.77				
	Lake Jeilla MO 34230-0074				7 Social security tips			8	8 Allocated tips				
					177406.82				191302.57				
<b>d</b> Contro					9 Advance EIC payment			10	10 Dependent care benefits				
	3315598								102				
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12				
					224				н 4699				
	Stephen Mullins					13 Statutory Retirement Third-party employee plan sick pay			)	1			
8906 Lucas Center Port Lisa AK 66258-8679					<b>X</b>				E	761			
					14 Other (see enclosed Notice to Employee)				;	i			
										828			
								12	12d				
									E	190			
f Emplo	vee's address and ZIP cod	e						-		1			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage:	s, tips, etc.	19 Local	income ta	х	20 Locality	/ name	
MO	481-19	-889	100983.77	8194.7		169329	84	3070	5.61		Rivera	. Pike	
VA	263-24	-898	99221.5	7160.43		187339	. 81	2743	8.86		Jamie	Creek	

Wage and Tax Statement 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.

REISSUED	RFISSIIFD a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are requi							ice. If you are required			
STATEMENT	0:	21-30-9582	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 Employer identification number					1 Wages, tips, other compensation 2 Federal inc				withheld		
25-6620960					213107.65			71878.89			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Nelson, Roberts and Miller PLC				177406.82			13571.62				
9930 Williams Forge Apt. 190 Lake Jenna MO 34238-0074				5 Medicare wages and tips			6 Medicare tax withheld				
				191302.57			5547.77				
				7 Social security tips			8 Allocated tips				
				177406.82			191302.57				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
3315598								102			
e Employee's first name and	nitial Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
<b>.</b>				224			н 4699				
Stephen	Stephen Mullins				13 Statutory Retirement Third-party						
8906 Lucas Center				employee plan sick pay			E	761			
Port Lisa AK 66258-8679					14 Other (see enclosed Notice to Employee)			12c			
				!			828				
							12d	i			
								E 190			
f Employee's address and ZIP code											
15 State Employer's state	Employer's state ID number 16 State wages, tips, etc. 17 State income tax		3,.,.,		19 I	Local income ta	20 Locality name				
MO 481-	19-889	100983.77	8194.7		169329.84 3		0705.61		Rivera Pike		
VA 263-	24-898	99221.5	7160.43		187339.81	27	438.86		Jamie Creek		

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

