REISSUED	a Employee's socia	•		Safe, Accurate,				Visit the	IRS Website		
STATEMENT	52	22-30-8720	OMB N	o. 1545-0	008 FAST! Us	e e	e~file	at www.i	rs.gov/efile.		
b Employer identification number	per			1 Wages, tips, other compensation			2 Fede	2 Federal income tax withheld			
98-654158	6			52089.01			7433	7433.88			
c Employer's name, address,	and ZIP code			3 Social security wages			4 Social security tax withheld				
Miller, King and Warner Ltd				38645.44			2956	2956.38			
219 Fernandez Stream				5 Medicare wages and tips			6 Medio				
					50302.75			1458.78			
Lake Jessica IL 96395-2041				7 Social security tips			8 Alloca	8 Allocated tips			
				38645.44				50302.75			
d Control number				9 Advance EIC payment			10 Depe	10 Dependent care benefits			
3596349								160			
e Employee's first name and ir	nitial Last name		•	11 1	Nonqualified plans		12a See i	nstructions	for box 12		
Phyllis Holmes				220			D	D 4101			
				13 Statutory Retirement Third-party employee plan sick pay			12b				
175 Jackson Rapids				X	7	SICK Pay		611			
North Amy NJ 09336-3408				14 Other (see enclosed Notice to Employee)			e) 12c	1			
							н	967			
							12d	12d			
							D	307			
f Employee's address and ZIF	code							100.			
15 State Employer's state I		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc. 1	19 Local income to	ax	20 Locality na	ame	
DE 660-	66-892	27935.32	1848.56		63587.46		391.89		John D	ale	
MI 935-	15-205	24255.61	2264.64	67599.03		7773.3		Taylor F	'orge		

Wage and Tax

Statement Form W-2

5070

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.

REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STATEMENT	52	22-30-8720	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	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
98-6541586				52089.01			7433.88				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Miller, King and Warner Ltd				38645.44			2956.38				
219 Fernandez Stream				5 Medicare wages and tips			6 Medicare tax withheld				
				50302.75			1458.78				
Lake Jessica IL 96395-2041				7 Social security tips			8 Allocated tips				
				38645.44			50302.75				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
3596349							160				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Physical Programme and Program				220			D 4101				
Phyllis Holmes 175 Jackson Rapids North Amy NJ 09336-3408				13 Statu		1	2b	ı			
				X plan sick pay 14 Other (see enclosed Notice to Employee)				611			
							12c				
							H	967			
						1	2d				
							D	D 307			
f Employee's address and ZIP c											
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		al income tax		20 Locality	/ name	
DE 660-6	6-892	27935.32	1848.56	63587.46		639	391.89		John	Dale	
MI 935-1	5-205	24255.61	2264.64	67599.03		777	3.3	Taylor	Forge		

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

