WV	590-50-014	94699.54	5457.04		138246.18		19774.	86	Smith Crossing	
VA	950-56-357	88463.95	7025.66		193848.91		19120.	97	Brianna Gateway	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips,	etc.	19 Local inco	me tax	20 Locality name	
f Emplo	ovee's address and ZIP code	334		4						
							12d	44	1	
Ryantown HI 21808-5011				Other (see enclosed Notice to Employee)			120	44	7	
Dawn Mann 0663 Mercedes Orchard Apt. 836			mployee x x x x x x x x x x x x x x x x x x				P 44	4		
			151 13 Statutory Retirement Third-party			12b	D 8739			
e Emplo	byee's first name and initial Last nam	e		11 N	onqualified plans			ĺ	ions for box 12	
2872544								195		
d Control number			9 Advance EIC payment			10	10 Dependent care benefits			
					152116.37			13	4793.0	
23426 Fischer Overpass Suite 022 Timothytown NC 66632-0861				7 Social security tips				8 Allocated tips		
				5 Medicare wages and tips 134793.0			6 1	6 Medicare tax withheld 3909.0		
Miles-Rivera Inc					152116.37			11636.9		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
61-6052657					187582.5			27932.37		
b Emplo	oyer identification number		1	1 W	ages, tips, other comp	ensation	2 F	ederal incom	ne tax withheld	
	(LIOCOLD . ,	al security number 02-55-6703	OMB N	o. 1545-00	Safe, Acc	188	e ≁fil		the IRS Website ww.irs.gov/efile.	

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.

REISSUED	a Employee's soci	al security number			This information is being furnis																
STATEMENT	00	02-55-6703	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			Federal income tax withheld													
61-6052657 c Employer's name, address, and ZIP code Miles-Rivera Inc 23426 Fischer Overpass Suite 022 Timothytown NC 66632-0861					187582.5 3 Social security wages 152116.37 5 Medicare wages and tips 134793.0			27932.37 4 Social security tax withheld 11636.9 6 Medicare tax withheld 3909.0													
											7 Social security tips			8 Allocated tips							
											152116.37			134793.0							
											d Control number					9 Advance EIC payment			10 Dependent care benefits		
											2872544	2872544							195		
					e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12								
					Dawn Mann 0663 Mercedes Orchard Apt. 836				151 13 Statutory Retirement Third-party employee plan sick pay X X X X			D 8739 12b P 444									
Ryantown HI 21808-5011					Other (see enclosed Notice to Employ	yee)	12c 447														
							12d	334													
f Employee's address and Zlf 15 State Employer's state		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 17	ocal income tax	20 Locality name													
, ,,, , , , , , , , , , , , , , , , , ,	·56-357	88463.95	7025.66		193848.91		120.97	Brianna Gatew													
wv 590-	50-014	94699.54	5457.04		138246.18	19	774.86	Smith Crossi													

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

