INEIOOOED . ,	cial security number			Safe, Accur	ate,			Visit the	RS Website	
STATEMENT (92-19-1466	OMB N	o. 1545-0	DOS FAST! Use			e	at www.ir	s.gov/efile.	
b Employer identification number		•	1 \	Wages, tips, other compen	sation	2	Federal	income tax	withheld	
67-6281987				101276.43			13635.35			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Miller-Wilson and Sons			84381.46			6455.18				
49463 Alicia Trace Apt. 916			5 Medicare wages and tips			6 Medicare tax withheld				
			110541.85				3205.71			
Pughfort KS 18744-2445			7 Social security tips			8 Allocated tips				
				84381.46				1105	41.85	
d Control number			9 Advance EIC payment			10 Dependent care benefits				
5345347								235		
e Employee's first name and initial Last name			11 Nonqualified plans 12a S			See ins	See instructions for box 12			
Julie Torres			154				E 6482			
			13 Statutory Retirement Third-party employee plan sick pay			12b				
233 Johnson Walk			emp	X	SICK Pay		D	881		
Snowshire PA 35623-5263			14 Other (see enclosed Notice to Employee)			12c				
							E	617		
						12d	12d			
							G	209		
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, tips, etc	c. 19	Docal inc	ome tax		20 Locality name	
HI 806-94-413	52456.89	3501.57		91784.78	2	0145	.46		Velazquez Key	
AL 195-29-522	47954.3	3196.35		79148.84	1	9414	.19		Phillips Street	

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.

RF	ISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT	09	2-19-1466	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			Wages, tips, other compensation			2 Federal income tax withheld					
67-6281987				101276.43			13635.35				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Miller-Wilson and Sons			84381.46			6455.18					
49463 Alicia Trace Apt. 916			5 Medicare wages and tips			6 Medicare tax withheld					
_			110541.85			3205.71					
Pughfort KS 18744-2445			7 Social security tips			8 Allocated tips					
				84381.46			110541.85				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
5345347						235					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Julie Torres			154			E 6482					
			13 Statu			12b					
233 Johnson Walk			emple	pyee plan sick pay		D	881				
Snowshire PA 35623-5263			14 Other (see enclosed Notice to Employee)			12c					
						_					
							E 617				
						12d	1				
							G	G 209			
	e's address and ZIP cod										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income ta	20 Locality name		
HI	806-94	-413	52456.89	3501.57		91784.78 2		0145.46		Velazquez Key	
AL	195-29	-522	47954.3	3196.35		79148.84	19	414.19		Phillips Street	

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

