R	REISSUED	a Employee's socia	I security number			Saf	e, Accurate,		H	Visit the	IRS Website	е	
ST	<b>TATEMENT</b>	72	20-90-8836	OMB N	o. 1545-0	008 <b>FA</b> \$	ST! Use		ile	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
50-0922936					131960.97				47315.41				
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Miles and Sons LLC					95170.02				7280.51				
0142 Bennett Dale					5 Medicare wages and tips				6 Medicare tax withheld				
	New Jennifer CO 99449-7343					105527.86				3060.31			
						7 Social security tips				8 Allocated tips			
					95170.02				105527.86				
d Control number					9 Advance EIC payment			10	10 Dependent care benefits				
6853423									181				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
						230			E 3838				
	Michael Morgan				13 Statutory Retirement Third-party					1			
6467 Rogers Branch Suite 417 Maryfort OH 87246-8636					mployee plan sick pay  X  Other (see enclosed Notice to Employee)				P	574			
										ĺ			
										494			
									12d				
										764			
f Employ	vee's address and ZIP cod	۵								701			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Local i	ncome ta	х	20 Locality r	name	
AZ	768-16	-276	63826.24	5006.63		130512	.19	14309	9.3		Matthew :	Spring	
DE	068-09	-159	67415.74	5772.7		148611	.24	19789	9.22		Jack H	laven	

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.

	EISSUED ATEMENT	a Employee's soci	al security number 20-90-8836	OMB No	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 this income is taxable and you fail to report it.							
b Employer identification number				1 V	Vages, tips, other compensation	2 Federal income tax withheld						
50-0922936					131960.97			47315.41				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Miles and Sons LLC					95170.02			7280.51				
0142 Bennett Dale New Jennifer CO 99449-7343					5 Medicare wages and tips			6 Medicare tax withheld				
					105527.86			3060.31				
					7 Social security tips			8 Allocated tips				
					95170.02			105527.86				
<b>d</b> Control	d Control number					9 Advance EIC payment			10 Dependent care benefits			
6853423								181				
e Employ	ee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12				
					230			E 3838				
1	Michael Morgan					13 Statutory Retirement Third-party						
(	6467 Rogers Branch Suite 417				employee plan sick pay			P	P 574			
Maryfort OH 87246-8636					14 Other (see enclosed Notice to Employee)			12c				
Maryrore on 87240-8030				494								
								12d				
								764				
	ee's address and ZIP coo											
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income	e tax	20 Locality name		
AZ	768-16	5-276	63826.24	5006.63	130512.19		14	309.3		Matthew Spring		
DE	068-09-159 67415.74 5772.7		148611.24		19	789.2	2	Jack Haven				

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

