F	REISSUED	a Employee's socia	l security number			Safe, Acc	curate,		H	Visit the	IRS Website	Э	
S	TATEMENT	19	5-09-7176	OMB N	No. 1545-00	98 FAST! U	se	en	ПЕ	at www.i	rs.gov/efile.		
b Emplo	yer identification number			-	1 W	1 Wages, tips, other compensation			Federal income tax withheld				
20-1992811						213308.17			74709.41				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Peterson-Fields Group						177113.76			13549.2				
804 Obrien Stravenue									6 Medicare tax withheld				
West Matthew NV 60531-0593						256501.02				7438.53			
					7 Social security tips				8 Allocated tips				
						177113.76			256501.02				
d Control number					9 A	9 Advance EIC payment			10 Dependent care benefits				
9344041									219				
e Emplo	yee's first name and initial	Last name	•		11 N	11 Nonqualified plans			12a See instructions for box 12				
Edward Miller					124				G 5993				
						13 Statutory Retirement Third-party			b				
5903 Mcneil Drive Apt. 063					X	yee plan	sick pay			230			
New Tony AZ 49705-2597					14 O	ther (see enclosed No	tice to Employe	ee) 12	С	i			
1.6 26									E	558			
							12	d	1				
									D	287			
f Emplo	yee's address and ZIP cod	е								1			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	*	18 Local wages, tips	, etc.	19 Loca	income ta	х	20 Locality n	ame	
AR	349-10	-123	112827.45	12822.25		149486.31		4004	4.99		Everett M	ission	
FL	701-03	-367	113257.6	11299.03		271769.89	ı	3361	1.7		Meghan	Key	
Wage and Tax						Department of the TreasuryInternal Revenue Service							
Form W-	。 Statem	ent											

Statement Form W-2 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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are r											
S	TATEMENT	19	95-09-7176	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				
20-1992811					213308.17			74709.41				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Peterson-Fields Group					177113.76			13549.2				
804 Obrien Stravenue					5 Medicare wages and tips			6 Medicare tax withheld				
						256501.02		7438.53				
West Matthew NV 60531-0593				7 Social security tips			8 Allocated tips					
						177113.76		256501.02				
d Contro	ol number				9 Advance EIC payment			10 Dependent care benefits				
	9344041								219			
e Emplo	yee's first name and initial	Last name)		11 Nonqualified plans			12a See instructions for box 12				
	Edward Miller 5903 Mcneil Drive Apt. 063				124			G 5993				
					13 Statu			12b	i			
					X	pyee plan sick pay			230			
	New Tony AZ 49705-2597					14 Other (see enclosed Notice to Employee)			12c			
new rong ind 15700 2007							E	558				
						-	12d					
								D	287			
f Employee's address and ZIP code							-		207			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income tax		20 Locality name		
AR	349-10	-123	112827.45	12822.25		149486.31	400	044.99		Everett Mission		
												
FL	701-03	3-367	113257.6	11299.03		271769.89	33	611.7		Meghan Key		

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

