INDIOOCED . ,	social security number		Safe, Accurate, Visit the IRS Website					IRS Website		
STATEMENT	856-71-1585	OMB N	o. 1545-00	DOS FAST! Use		≁file _	at www.ii	rs.gov/efile.		
b Employer identification number			1 \	Vages, tips, other compensation		2 Federa	al income tax	withheld		
04-5592029				75337.78			13540.39			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Miller-Nguyen PLC			63290.24			4841.7				
12732 Moore Station Apt. 701			5 1	Medicare wages and tips	6 Medicare tax withheld					
Lauraton OH 02362-5979			92504.9			2682.64				
202 3373			7 Social security tips			8 Allocated tips				
				63290.24			9250			
d Control number			9 /	Advance EIC payment		10 Depen	dent care be	enefits		
9106571							198			
e Employee's first name and initial Last r	name		11 1	Nonqualified plans		12a See in	structions f	or box 12		
			206			D 2231				
Katherine Macias 276 Julie Walks Apt. 880 Joelside ME 46328-5653			13 Statu		ty	12b				
			employee plan sick pay 14 Other (see enclosed Notice to Employee)							
						12c	ı			
						G	811			
						12d	1			
						P	311			
f Employee's address and ZIP code	Line	Li= o	<u> </u>	Taga a si si	1.0					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		*		20 Locality name		
OH 474-84-424	34959.39	2625.06	72227.22 8927.03			Bell Parks				
ID 799-76-593	39941.96	3583.7		64493.39		8914.84		Brown Hill		

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.

F	REISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required						
_	TATEMENT	85	6-71-1585	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 Emplo	oyer identification number			I	1 V	/ages, tips, other compensation	10 10 11	2 Federal income tax withheld			
04-5592029			75337.78			13540.39					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Miller-Nguyen PLC			63290.24			4841.7					
12732 Moore Station Apt. 701 Lauraton OH 02362-5979			5 Medicare wages and tips			6 Medicare tax withheld					
			92504.9 7 Social security tips			2682.64 8 Allocated tips					
										63290.24	
			d Control number			9 Advance EIC payment			10 Dependent care benefits		
9106571						198					
e Employee's first name and initial Last name			11 Nonqualified plans 12a See in			structions for box 12					
Katherine Macias			206			D 2231					
	Racheline Macias			13 Statu emple			12b	İ			
276 Julie Walks Apt. 880			860								
Joelside ME 46328-5653			14 Other (see enclosed Notice to Employee)			12c					
						G 811					
						12d					
						P	P 311				
f Emplo	oyee's address and ZIP cod	le					-				
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income tax	(20 Locality	/ name
OH	474-84	-424	34959.39	2625.06		72227.22	892	27.03		Bell	Parks
	700 7	. 500	20041 06	2502.7		64402 20	001				
ID	799-76	-593	39941.96	3583.7		64493.39	891	L4.84		Brown	Hill

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

