F	REISSUED a Employee's social security number				Safe, Accurate,					Visit the IRS Website			
S	TATEMENT	14	12-98-3726	OMB N	o. 1545-	8000	FAST! Use			le)	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld			
16-4356032						196875.56				36980.67			
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld			
Miller-Thompson LLC					143796.05					11000.4			
	2352 Ortega Falls Suite 599				5 Medicare wages and tips				6				
					196405.93					5695.77			
Codychester KY 18521-4794					7 Social security tips				8	7 modalod upo			
					143796.05				196405.93				
d Control number					9 Advance EIC payment			10					
5337573								185					
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
						131				н 3333			
	Michael Grant				13 Statutory Retirement Third-party employee plan sick pay				12b		i i		
	38948 Lopez Ford Suite 828					Sick pay				P	990		
South Ariel IL 69458-6064					14 Other (see enclosed Notice to Employee)) 12c		1		
										E	725		
										12d			
										E	683		
4 F	yee's address and ZIP cod	_								E	003		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Loca	al wages, tips, et	c. 1	9 Local in	come tax	(20 Locality name	
MS	641-88	-405	108050.21	4645.94		233	984.31	2	23435	.84		Jeremy Crest	
MN	792-46	-045	91209.67	5195.32		210	063.57		38840	1 F		Dias Harbar	
TATIA	792-40	-045	91209.67	3133.32		210	063.57] 3	00040	.45		Rice Harbor	

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	REISSUED a Employee's social security number			This information is being furnished to the Internal Revenue Service. If you are required								
STATEMENT	STATEMENT 142-98-3726 OMB N				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			
16-4356032		196875.56				36980.67						
c Employer's name, address, and	3 5	3 Social security wages			4 Social security tax withheld							
Miller-Tho		143796.05				11000.4						
2352 Ortega Falls Suite 599					5 Medicare wages and tips				6 Medicare tax withheld			
_					196405.93				5695.77			
Codychester KY 18521-4794					7 Social security tips			8 Allocated tips				
					143796.05			196405.93				
d Control number	d Control number					9 Advance EIC payment			10 Dependent care benefits			
5337573									185			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
					131				н 3333			
Michael Grant 38948 Lopez Ford Suite 828					13 Statutory Retirement Third-party employee plan sick pay							
					employee plan sick pay				990			
South Ari	14 (14 Other (see enclosed Notice to Employee)				12c						
South Ariel IL 69458-6064									725			
									12d			
								E	683			
f Employee's address and ZIP c	ode											
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tips,	etc. 1	9 Local inc	ome tax		20 Locality name		
MS 641-8	8-405	108050.21	4645.94		233984.31	2	23435	. 84		Jeremy Crest		
MN 792-4	6-045	91209.67	5195.32		218063.57 38		38840	8840.45		Rice Harbor		

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

