F	REISSUED	a Employee's socia	l security number			Safe, Accura	ate,		Visit the	IRS Webs	ite	
S	TATEMENT	43	6-69-8224	OMB N	o. 1545-0	FAST! Use		≁file `	at www.ir	s.gov/efile	<i>}</i> _	
b Emplo	yer identification number				1 '	Wages, tips, other compens	sation	2 Federa	income tax	withheld		
82-8412504						169979.01			33307.57			
c Emplo	yer's name, address, and 2	ZIP code			3 Social security wages			4 Social security tax withheld				
White, Day and Miller Ltd					182345.96			13949.47				
58907 Amy Knoll Suite 461					5 Medicare wages and tips			6 Medicare tax withheld				
					7 :	187614.77	5440.83					
	South Jody AR 36179-9445					Social security tips	8 Allocated tips					
						182345.96			1876	14.77		
d Control number					9 Advance EIC payment			10 Depend	10 Dependent care benefits			
	1010328							175				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
Laura Hicks 6762 Robert Court Cruzside CA 45061-6162					188			G 6725				
					13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b	· ·			
								E	983	i l		
								12c	· ·			
								798				
								12d				
									149			
f Emplo	vee's address and ZIP cod	0							117			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, etc	. 19	Local income tax	:	20 Locality	/ name	
MA	193-38	-410	85897.13	3625.44		180433.31	19	9346.24		Isaac	River	
VA	140-86	-237	92874.38	4086.05		125821.22	20	0486.28		Smith	Isle	

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.

R	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you																	
ST	STATEMENT 436-69-8224 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.									e imposed on you ii								
b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld										
82-8412504					169979.01			33307.57										
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld										
White, Day and Miller Ltd 58907 Amy Knoll Suite 461					182345.96 5 Medicare wages and tips 187614.77 7 Social security tips			13949.47 6 Medicare tax withheld 5440.83 8 Allocated tips										
												South Jody AR 36179-9445						
																	182345.96	
d Control number				9 Advance EIC payment								10 Dependent care benefits						
	1010328								175									
e Emplo	yee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12										
					188			G 6725										
	Laura Hicks					tutory Retirement Third-party		12b										
6762 Robert Court Cruzside CA 45061-6162					employee plan sick pay				E 983									
					14		\	_	903									
					14 Other (see enclosed Notice to Employee)			12c	Ī									
								798										
								12d	ı									
						!			149									
f Employee's address and ZIP code									Į									
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 tax		20 Locality name								
MA	193-38	3-410	85897.13	3625.44		180433.31	19	346.24		Isaac River								
VA	140-86	5-237	92874.38	4086.05		125821.22		20486.28		Smith Isle								

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

