REISSUED	a Employee's socia	al security number			Safe	e, Accurate,	e D	ı⊿GH		Visit the	IRS Web	site
STATEMENT	53	39-77-6027	OMB N	o. 1545-0	008 FAS	T! Use	G		e	at www.i	rs.gov/efil	e.
b Employer identification numb	er			1 '	Wages, tips, othe	r compensation		2	Federal	income tax	withheld	
73-7908879					133256.78				35018.34			
c Employer's name, address, a	nd ZIP code			3	Social security wa	iges		4	Social s	ecurity tax	withheld	
Miller, Becker and Miller and Sons				172465.27				13193.59				
1322 Cynt	nia Isle Ap	t. 701		5	Medicare wages	•		6		e tax withh		
Port Christian MD 01618-5114					168756.92				4893.95			
					7 Social security tips				8 Allocated tips			
					172465	.27				1687	56.92	
d Control number				9	Advance EIC pay	ment		10	Depend	ent care be	enefits	
3203310										189		
e Employee's first name and in	tial Last name	Э		11	Nonqualified plan	s		12a	See ins	tructions	for box 12	
Bethany	Но				111				P	1803		
Decinary				13 State emp	utory Retire loyee plan	ment Third-party sick pay		12b	I			
7425 Tho	mpson Cove	s Apt. 460		Х		X			D	786		
Tinaburg	n VT	72134-9004		14 (Other (see enclos	sed Notice to Employ	yee)	12c	ĺ	İ		
									E	617		
								12d	ĺ	1		
									н	995		
f Employee's address and ZIP												
15 State Employer's state II	number	16 State wages, tips, etc.	17 State income tax		18 Local wage	es, tips, etc.	19 L	ocal inco	ome tax		20 Locali	ty name
WA 061-	00-214	63613.68	5257.47		137223	.41	18	138.	81		Hood	Crest
FL 212-	91-014	64666.21	6252.01		106968	. 47	14	033.	54		William	1 Tunnel

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.

REISSUED	a Employee's so	ial security number						venue Service. If you are requ			
STATEMENT	5	39-77-6027	OMB No	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 n				1	Wages, tips, other compensation	a iaii to		I income tax withheld			
73-7908879					133256.78			35018.34			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Miller, Becker and Miller and Sons				172465.27			13193.59				
1322 Cynthia Isle Apt. 701				5 Medicare wages and tips			6 Medicare tax withheld				
				168756.92 7 Social security tips			4893.95 8 Allocated tips				
Port Christian MD 01618-5114											
					172465.27			168756.92			
d Control number				9	Advance EIC payment		10 Depend	dent care benefits			
3203310								189			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Bethany Ho			111 13 Statutory Retirement Third-party employee plan sick pay			P 1803					
7425 Thompson Coves Apt. 460						D	786				
Tinaburgh VT 72134-9004					14 Other (see enclosed Notice to Employee)			12c			
3							E	617			
						-	12d				
							н	995			
f Employee's address and	7ID code					-		333			
5 State Employer's sta		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal income tax	20 Locality name			
WA 06:	-00-214	63613.68	5257.47		137223.41	18	138.81	Hood Cre			

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

