RI	EISSUED	a Employee's socia	l security number			S	Safe, Accurate,	Ref	AHIO.	Visit the	IRS Website		
ST	ATEMENT	06	51-49-5335	OMB N	o. 1545-(0008 F	AST! Use	5	file	at www.i	rs.gov/efile.		
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
32-8066907					231273.4				80074.65				
c Employe	er's name, address, and 2	3 Social security wages				4 Social security tax withheld							
Mills, Conway and Howell Group						204608.21				15652.53			
497 Wheeler Park Apt. 966					5 Medicare wages and tips				6 Medicare tax withheld				
Richardfort WA 61468-2352						16259			4715.28				
F	CICHALGIOIC	. WA	01400-2332		7 Social security tips				8 Allocated tips				
					204608.21				162595.98				
d Control	number				9 Advance EIC payment 10 Dependent care benefits					enefits			
5	788045									203			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
_		_			161				E 2176				
(Gabrielle Love				13 Statutory Retirement Third-party				12b				
2863 Emily Street Apt. 390					employee plan sick pay				н 660				
Grossfurt NY 24261-9275						14 Other (see enclosed Notice to Employee)				1			
										729			
									12d				
									н	658			
f Employe	ee's address and ZIP cod	Δ.						_		030			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local w	ages, tips, etc.	19 Lc	ocal income to	ax	20 Locality name		
VT	036-87	-833	124578.46	9496.48		19401	1.33	324	433.18		Michael Station		
				T							T		
FL	557-97	-884	105494.53	10960.52		19186	6.72	422	290.94		Andrew Land		

Wage and Tax Statement 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.

REISSU	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required									
STATEM	STATEMENT 061-49-5335 OMB				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	·				Federal income tax withheld				
32-80		231273.4				80074.65								
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Mills		204608.21				15652.53								
497 W	5	l				6 Medicare tax withheld								
	497 Wheeler Park Apt. 966						162595.98				4715.28			
Richardfort WA 61468-2352						7 Social security tips				8 Allocated tips				
		204608.21				162595.98								
d Control number	d Control number							9 Advance EIC payment 10 Dependent care benefits						
57880	45										203			
e Employee's first na	e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12			
a 1		_				161				E 2176				
Gabrielle Love						13 Statutory Retirement Third-party					1			
2863 Emily Street Apt. 390					en	employee plan sick pay				н 660				
Grossfurt NY 24261-9275					14	14 Other (see enclosed Notice to Employee)				12c				
										E	729			
									12d	12d				
										н	658			
f Employee's addre	es and ZID code										050			
	er's state ID nur		16 State wages, tips, etc.	17 State income ta	ıx	18 Local	wages, tips,	etc.	19 Local in	come tax	(20 Locality name		
VT	036-87	-833	124578.46	9496.48		194011.33		32433.18			Michael Station			
FL	557-97-884 105494.53 10960.52			191866.72		42290.94			Andrew Land					

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

