REISSUED	a Employee's socia	•		Safe, Accurate,				ŒH		Visit the	IRS Webs	ite
STATEMENT	37	72-84-3390	OMB I	No. 1545-00	008 FAS	T! Use	G		e	at www.ii	rs.gov/efile	Э.
b Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld				
16-7733084					124365.44			39909.2				
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld				
Miller-Phillips Ltd					134993.83			10327.03				
9485 Angela Brooks Apt. 826				5 N	5 Medicare wages and tips			6 Medicare tax withheld				
					120167.38			3484.85				
South Matthewhaven VT 78801-5177				7 5	7 Social security tips			8 Allocated tips				
					134993.83			120167.38				
d Control number				9 Advance EIC payment 10 Dependent care bene				enefits				
2208593								156				
e Employee's first name and initial Last name				11 1	11 Nonqualified plans			12a See instructions for box 12				
Jennifer Jones					257			E 2357				
					13 Statutory Retirement Third-party employee plan sick pay			12b	ı			
456 Meagan Island						X				582		
Lake John CA 82409-5159				14 (14 Other (see enclosed Notice to Employee)			12c	i			
									D	634		
				12d								
									E	544		
f Employee's address and ZIP	ode						Ī					
15 State Employer's state ID	number	16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 L	ocal inco	me tax		20 Localit	y name
NH 270-3	3-333	64624.94	6643.27		140928.3 1		19	9316.66			Blake	Forge
WV 416-2	5-727	61511.78	4530.51		161335.87		14	14201.28			Sarah	Haven

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are requir								
S	TATEMENT	3'	72-84-3390	OME	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.						ii you ii		
b Employer identification number				1 \	1 Wages, tips, other compensation			Federal income tax withheld					
16-7733084						124365.44			39909.2				
c Employer's name, address, and ZIP code					3 8	3 Social security wages			4 Social security tax withheld				
Miller-Phillips Ltd						134993.83			10327.03				
9485 Angela Brooks Apt. 826					5 N	5 Medicare wages and tips			6 Medicare tax withheld				
South Matthewhaven VT 78801-5177					120167.38	3484.85							
				7 5	7 Social security tips			8 Allocated tips					
						134993.83			120167.38				
d Control number					9 /	9 Advance EIC payment			10 Dependent care benefits				
2208593									156				
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12					
Jennifer Jones					257			E 2357					
Jennitel Jones					13 Statu empl			12b	1				
456 Meagan Island					x			582					
Lake John CA 82409-5159				14 (14 Other (see enclosed Notice to Employee)			12c					
								D 634					
								12d					
									544				
f Employee's address and ZIP code					T				1				
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income to	ax	1.0 = 2.00		ocal income tax	20 Localit	/ name			
NH	270-33	3-333	64624.94	6643.27		140928.3		19316.66		Blake	Forge		
wv	416-25	5-727	61511.78	4530.51		161335.87	14	201.28		Sarah	Haven		

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

