REISSUE	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website								
STATEME	NT 1	68-07-8916	OMB N	o. 1545-00	008 FAST! Use			at www.i	rs.gov/efile.			
b Employer identification number				1 V	Vages, tips, other compe	nsation	2 F	2 Federal income tax withheld				
50-295	8253				67962.92		17	17837.38				
c Employer's name, ac	dress, and ZIP code			3 8	Social security wages		4 Social security tax withheld					
Miller Group Ltd					64938.74		49	4967.81				
664 Jonathan Cove Suite 594				5 N	Medicare wages and tips		6 Medicare tax withheld					
Smithfurt WY 62999-5228					51792.11			1501.97				
Smithiurt wi 62999-5226				7 8	Social security tips		8 A	8 Allocated tips				
					64938.74		51792.11					
d Control number				9 Advance EIC payment 10 Dependent care benefits				enefits				
1199109								171				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
Caraba Dura 11				275] 1	P 2717				
Saran	Sarah Russell				tory Retirement	Third-party sick pay	12b					
9858 Justin Curve Apt. 968				Cilipi	juli juli	X]	E 229	229			
New Stevenstad NM 75301-5807				14	Other (see enclosed Notice	e to Employee)	12c	i				
1.0.1 5.00 0.1.5 0.1.1 7.0.0 2.0 7.]]	E 567	567				
						12d	12d					
								382	382			
f Employee's address												
' '	s state ID number	16 State wages, tips, etc.	17 State income tax		9		9 Local income tax		20 Locality name			
MI 1	10-63-464	35275.82	3966.16		69047.51		3598.57		Amber Lodge			
wi 9	13-48-431	32728.05	2760.19	68131.11		3186.	85	Graham Rest				

Wage and Tax Statement 5010

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 required									
S	TATEMENT	10	68-07-8916	OMB N	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 Emplo	yer identification number	•		'	1 Wages, tips, other compensation					2	Federa	l income ta	withheld	
50-2958253				67962.92					17837.38					
c Employer's name, address, and ZIP code				3 Social security wages					4 Social security tax withheld					
Miller Group Ltd				64938.74					4967.81					
664 Jonathan Cove Suite 594				5 Medicare wages and tips					6 Medicare tax withheld					
Smithfurt WY 62999-5228				51792.11					1501.97					
				7 Social security tips					8 Allocated tips					
				64938.74					51792.11					
d Control number				9 Advance EIC payment					10 Dependent care benefits					
1199109											171			
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12					
Sarah Russell				275 13 Statutory Retirement Third-party					12b	P	2717			
				employee plan sick pay										
9858 Justin Curve Apt. 968							X			E	229			
New Stevenstad NM 75301-5807				14 Other (see enclosed Notice to Employee)				ree)	12c					
										E	E 567			
								-	12d					
										382				
	oyee's address and ZIP coo		140 00000000000000000000000000000000000	147 00-1-1-1-1-1		140 1			10.1	1			00.1	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax					9 Local income tax			20 Locality		
MI	110-63	3-464	35275.82	3966.16		69047.51 8		85	3598.57			Amber	Lodge	
WI	913-48	3-431	32728.05	2760.19		68131.11		13:	.3186.85			Grahan	n Rest	

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

