REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 612-91-5447	OMB No	o. 1545-0008	FAST! Use	E-V	file	at www.irs.gov/efile.			
b Employer identification number	Employer identification number			ı	Federal income tax withheld				
80-6944527			3506.1		18860.69				
c Employer's name, address, and ZIP code			security wages		4 Social security tax withheld				
Miller and Sons Inc			181276.44			13867.65			
616 Vickie Freeway			re wages and tips		6 Medicare tax withheld				
			0856.44		5534.84				
Elizabethshire AZ 17127-2369	7 Social s	security tips		8 Allocated tips					
		18	1276.44			190856.44			
d Control number		9 Advanc	e EIC payment	1	0 Deper	ndent care benefits			
2325637						113			
e Employee's first name and initial Last name		11 Nonqua	alified plans	1	2a See ir	nstructions for box 12			
			261			D 5017			
Amy Allison		13 Statutory	Retirement Third-		2b	1			
1914 Christy Plaza			employee plan sick pay			231			
Michaelland NY 10265-1301			see enclosed Notice to Er	nployee) 1	2c	1			
					G	567			
				1	2d				
						325			
f Employee's address and ZIP code						0_0			
15 State Employer's state ID number 16 State wages, tips, etc.	. 17 State income tax	18 L	ocal wages, tips, etc.	19 Loc	al income ta	20 Locality name			
OK 901-79-713 76203.62	6515.17	15	8022.9	289	34.45	Henderson Flat			
OK 280-96-553 83733.09	9310.08	12	5267.72	180	08.25	Decker Turnpike			

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.

	TICCLIED	a Employee's soc	ial security number			This information is being furnish	hed to	the Inte	rnal Rev	enue Servi	ce. If you are required	
	CLIOGOLD		•	OMBA	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
	TATEMENT	6	12-91-5447	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number			 Wages, tips, other compensation 			Federal income tax withheld						
80-6944527			153506.1			18860.69						
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld						
Miller and Sons Inc				181276.44			13867.65					
616 Vickie Freeway				5 Medicare wages and tips			6 Medicare tax withheld					
Elizabethshire AZ 17127-2369			190856.44			5534.84						
			7 Social security tips			8 Allocated tips						
				181276.44			190856.44					
d Control number			9 Advance EIC payment			10 Dependent care benefits						
	2325637									113		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Amy Allison			261			D 5017						
			13 Statutory Retirement Third-party			12b						
			employee plan sick pay				231					
1914 Christy Plaza								231				
Michaelland NY 10265-1301			14 Other (see enclosed Notice to Employee)			12c						
							G	567				
								12d				
										205		
						325						
	yee's address and ZIP cod		I do Chata warea time ata	17 State income tax		140 1 1 1 1	40.1	!:			20. 1!:+	
15 State	Employer's state ID nu		16 State wages, tips, etc.					9 Local income tax			20 Locality name	
OK	901-79	9-713	76203.62	6515.17		158022.9 28		28934.45			Henderson Flat	
OK	280-96	5-553	83733.09	9310.08		125267.72	18	008	. 25		Decker Turnpike	

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

