F	REISSUED	a Employee's socia	l security number				Safe, Accurate	, TEG	A CHIL		RS Website		
S	TATEMENT	24	16-23-8883	OMB N	lo. 1545-0	8000	FAST! Use		~file	at www.	irs.gov/efile.		
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
91-4181453						50379.86				9384.61			
<b>c</b> Emplo	yer's name, address, and 2	ZIP code			3 Social security wages			4 Social security tax withheld					
Mitchell-Price Ltd					57145.11				4371.6				
5154 Amanda Station Suite 315 Jessicastad MA 10423-1803					5 Medicare wages and tips				6 Medicare tax withheld				
					63120.83  7 Social security tips				1830.5 8 Allocated tips				
000010400444 121 10120 1000						57145.11			63120.83				
d Control number					9 Advance EIC payment			10 Dependent care benefits					
3674217					7 Advance Elo paymon			110					
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12					
	- 1 **:11					101			н 7305				
Joseph Miller 68390 Blackwell Drive					13 Statutory Retirement Third-party employee plan sick pay			12b	1				
								E 935					
	South Robert MD 20384-0111					14 Other (see enclosed Notice to Employee)				12c			
									882				
									12d				
									H	655			
	yee's address and ZIP cod			1		1							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, , ,			9 Local income tax		20 Locality name		
CT	323-54	-979	27166.89	2107.83		49076.8		68	5826.99		Cameron Lakes		
DC	962-11	-684	24873.15	2479.37	49528.08		6436.07		Howell Harbors				

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.

R	REISSUED	a Employee's soci	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	rice. If you are required		
	TATEMENT	24	46-23-8883	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 Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld				
91-4181453						50379.86		9384.61				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Mitchell-Price Ltd					57145.11			4371.6				
5154 Amanda Station Suite 315 Jessicastad MA 10423-1803					5 N	Medicare wages and tips		6 Medicare tax withheld				
						63120.83		1830.5				
					7 8	Social security tips		8 Allocated tips				
						57145.11		63120.83				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	3674217								110			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
	Joseph Miller					101 13 Statutory Retirement Third-party			H 7305			
	68390 Blackwell Drive				employee plan sick pay			E	935			
	South Robert MD 20384-0111					Other (see enclosed Notice to Employ	/ee)	12c				
								882				
								12d	i			
								Н	655			
f Employ 15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	110 1	ocal income ta:		20 Locality name		
			J			10 = 100		826.99		1		
CT	323-54	-919	27166.89	2107.83	490/0.8		08.	520.33 		Cameron Lakes		
DC	962-11	684	24873.15	2479.37	49528.08		64	6436.07		Howell Harbors		

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

