	a Employee's socia	security number .7-37-6322	OMB N	o. 1545-00	Safe, Acc	473	e vf			IRS Website
' '	identification number (EIN) 7-6878997	., 3, 0322	CIME IN		Vages, tips, other composition 107565.11		2		income tax	· ·
	's name, address, and ZIP code iller PLC Group				78648.9		4	6016		
	74 Briggs Village est Johnmouth N	J 95552-9854			Medicare wages and tips 132464.43		6		38 41	
		0 95552-9654			ocial security tips 78648.9		8	Allocate	1324	64.43
d Control nu	•			9			10	·	109	
	y's first name and initial Last name Manda Hoffman		Suff.		lonqualified plans		12a C o d		4029	or box 12
	1360 Leslie Roads			13 Status emplo	oyee plan	Third-party sick pay	12b C o d e	Y	918	
Mo	ooremouth CA	13372-7881	L	14 C	Other		12c C o d e	N	623	
							12d C o d e	Н	654	
f Employee's address and ZIP code					Lia i ii		140 1 11			Tag t to
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local ir			20 Locality name
PA	786-14-679	56829.43	3360.53		98519.35		18783	3.33		Oliver Plaza
ок	294-43-846	52579.71	3533.95		124742.41		19170	.52		April Mountain

Wage and Tax
Statement

2019

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.

a Employee's social security number						venue Service. If you are requi		
317-37-6322	OMB N	lo. 1545-00	to file a tax return, a negligenc this income is taxable and you			ction may be imposed on you if		
b Employer identification number	<u>.</u>	1 V	Vages, tips, other compensation		2 Federa	l income tax withheld		
77-6878997	107565.11			36048.57				
c Employer's name, address, and ZIP code	3 8	3 Social security wages			4 Social security tax withheld			
Miller PLC Group		78648.9			6016.64			
174 Briggs Village	5 N	5 Medicare wages and tips 132464.43			6 Medicare tax withheld 3841.47			
West Johnmouth NJ 95552-9	7 Social security tips			8 Allocated tips				
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d Control number		9			10 Depend	dent care benefits		
345696						109		
e Employee's first name and initial Last name	Suff.	11 N	Ionqualified plans		12a See in:	structions for box 12		
			152		EE	4029		
Amanda Hoffman		13 Statu			12b	i		
61360 Leslie Roads		emple	oyee plan sick pay		Y	918		
	=004		Ther (see enclosed Notice to Employ	(ee)	12c			
Mooremouth CA 13372-	-7881		(,				
				L	N	623		
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					H	654		
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips,	etc. 17 State income tax		18 Local wages, tips, etc.	19 Lo	ocal income tax	20 Locality name		
PA 786-14-679 56829.43	3360.53		98519.35	18	783.33	Oliver Pla		
ОК 294-43-846 52579.71	3533.95		124742.41	19:	170.52	April Mounta		

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

