


|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
|  |  | a Employee's social security number<br><b>116-19-9737</b> |  | Safe, Accurate,<br>FAST! Use    |  | Visit the IRS Website<br>at www.irs.gov/efile.  |  |
| b Employer identification number (EIN)<br><b>65-0964260</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>216459.32</b>  |  | 2 Federal income tax withheld<br><b>49479.64</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Wilson-Miller Inc</b><br><b>00978 Anthony Extensions</b><br><b>Teresamouth VA 13668-7795</b>                          |  |   |  | 3 Social security wages<br><b>263887.44</b>  |  | 4 Social security tax withheld<br><b>20187.39</b>   |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>225728.65</b>  |  | 6 Medicare tax withheld<br><b>6546.13</b>   |  |
|  |  |   |  | 7 Social security tips<br><b>263887.44</b>   |  | 8 Allocated tips<br><b>225728.65</b>  |  |
| d Control number<br><b>86</b>  |  |   |  | 9  |  | 10 Dependent care benefits<br><b>103</b>  |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Brandon Nelson</b><br><br><b>18087 Peters Circle Apt. 712</b><br><b>Stephanieborough VT 37494-4211</b> |  |   |  | 11 Nonqualified plans<br><b>164</b>  |  | 12a See instructions for box 12<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>FF</b> <b>9428</b> |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>937</b>  |  |
|  |  |   |  | 14 Other   |  | 12c<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>K</b> <b>263</b>                               |  |
|  |  |   |  |  |  | 12d<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>516</b>  |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.  |  |
| <b>KY</b>  |  | <b>976-96-225</b>   |  | <b>104257.12</b>   |  | <b>11001.36</b>   |  |
| <b>IN</b>  |  | <b>389-24-172</b>   |  | <b>107456.37</b>   |  | <b>13659.64</b>   |  |
|  |  |   |  | <b>153424.45</b>   |  | <b>25866.45</b>   |  |
|  |  |   |  |  |  | <b>Denise Parks</b>   |  |
|  |  |   |  |  |  | <b>Phillips Overpass</b>  |  |

**Wage and Tax  
Statement**

**2019**

Department of the Treasury--Internal Revenue Service

Form W-2

Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

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Cut here. Keep lower portion for your records.

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
|  |  | a Employee's social security number<br><b>116-19-9737</b> |  | OMB No. 1545-0008  |  | 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 this income is taxable and you fail to report it. |  |
| b Employer identification number<br><b>65-0964260</b>  |  |   |  | 1 Wages, tips, other compensation<br><b>216459.32</b>  |  | 2 Federal income tax withheld<br><b>49479.64</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Wilson-Miller Inc</b><br><b>00978 Anthony Extensions</b><br><b>Teresamouth VA 13668-7795</b>                          |  |   |  | 3 Social security wages<br><b>263887.44</b>  |  | 4 Social security tax withheld<br><b>20187.39</b>  |  |
|  |  |   |  | 5 Medicare wages and tips<br><b>225728.65</b>  |  | 6 Medicare tax withheld<br><b>6546.13</b>  |  |
|  |  |   |  | 7 Social security tips<br><b>263887.44</b>   |  | 8 Allocated tips<br><b>225728.65</b>   |  |
| d Control number<br><b>867512</b>  |  |   |  | 9  |  | 10 Dependent care benefits<br><b>103</b>   |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Brandon Nelson</b><br><br><b>18087 Peters Circle Apt. 712</b><br><b>Stephanieborough VT 37494-4211</b> |  |   |  | 11 Nonqualified plans<br><b>164</b>  |  | 12a See instructions for box 12<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>FF</b> <b>9428</b>  |  |
|  |  |   |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>937</b>   |  |
|  |  |   |  | 14 Other (see enclosed Notice to Employee)   |  | 12c<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>K</b> <b>263</b>  |  |
|  |  |   |  |  |  | 12d<br>C<br>C<br>C<br>C<br>D<br>D<br>E<br><b>516</b>   |  |
| f Employee's address and ZIP code  |  |   |  | 15 State Employer's state ID number  |  | 16 State wages, tips, etc.   |  |
| <b>KY</b>  |  | <b>976-96-225</b>   |  | <b>104257.12</b>   |  | <b>11001.36</b>  |  |
| <b>IN</b>  |  | <b>389-24-172</b>   |  | <b>107456.37</b>   |  | <b>13659.64</b>  |  |
|  |  |   |  | <b>153424.45</b>   |  | <b>25866.45</b>  |  |
|  |  |   |  |  |  | <b>Denise Parks</b>  |  |
|  |  |   |  |  |  | <b>Phillips Overpass</b>   |  |

**Wage and Tax  
Statement**

**2019**

Department of the Treasury--Internal Revenue Service

Form W-2

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)

Safe, accurate,  
FAST! Use

