Copy B - For Employee's Federal Income Tax Return 2021 OMB No. 1545-0008									
a Employee's so	cial	1 Wage	s, tips, other o	comp.	2 Federa	al income tax withhe	eld		
security number	er		622	205.43		3.57			
640-69-0648		3 Social security wages		4 Social security tax withheld					
b Employer ID number									
91-0748	5 Medicare wages and tips			6 Medicare tax withheld					
c Employer's nar	ne, address, and	d ZIP co	de		<u> </u>				
Milgard	Manufa	ctur	ing LLO	Z					
1010 54	th E Av	е							
Tacoma,	WA 984	24							
d Control numbe 1047603	21223								
e Employee's na	mo addross on	d ZID oc	do						
	h S Vad								
			T T T						
4038 SE 78th Ave Hillsboro, OR 97123									
HIIISDO	10, OR	9/12	3						
7 Social security	fine	IΩ	Allocated tips		I Q Adv	ance EIC payment			
7 Social security tips		o Allocated tips			J Adv	ance Lio payment			
10 Dependent ca	10 Dependent care benefits		11 Nonqualified plans						
			·						
^{12a} C	a C 4			13 Statutory emp	loyee F		d-party sick pay		
12b D				X					
12c		461.52		14 Other ORS	rr w/H €	52.16			
DD DD		329	7.90						
^{12d} W		28	88.45	1					
N/A			N/A		N/A				
15 State Employer's State ID#			16 State wages, tips, etc.		17 State income tax				
18 Local wages, tips, etc.			19 Local income tax		20 Locality name				
N/A			N/A		N/A				
11/17			I **/ 🛱		- 1	11/15			

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service

Copy	2 - For Employee	's Stat	e Income	Γax Return	[OR]	202	OM 154	1B No. 15-0008
	yee's social	1 Wage	es, tips, other o		2 Federa	I income tax wit		
l	security number		62205.43		8053.57			
		3 Socia	al security wag	es 4 Social security tax withheld			held	
	b Employer ID number							
91-	0748499	5 Medi	care wages an	d tips	6 Medica	re tax withheld		
c Emplo	yer's name, address, ar	nd ZIP co	ode	-				
	gard Manufa		ing LLO	2				
	0 54th E Av							
Tac	oma, WA 984	24						
	ol number							
104	760321223							
	yee's name, address, a							
	neeth S Vac		lli					
	8 SE 78th A							
HII	lsboro, OR	9712	:3					
7 Social	security tips	8.	Allocated tips		9 Adva	ance EIC paym	ent	
10 Depe	10 Dependent care benefits		1 Nonqualified	plans				
40-				42 State to a second		etirement plan	0 - d d-	:-!-
12a	C	4	12.00	13 Statutory emplo	oyee R	etirement pian X	3rd-party	sick pay
12b	D 46		51.52	14 Other ORSTT W/H 62.16				
12c	20			ORSTT W/H 62.16				
329		97.90	_					
^{12d} W 288.		38.45						
OR	0254622-1			62205.43			4603.	.00
15 State Employer's State ID#			16 State was	es, tips, etc.	17 State income tax			
18 Local wages, tips, etc.			19 Local inco	me tax	20 Locality name			
N/A		N/A			N/A			
				1				

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Dept. of the Treasury - IRS

Copy C - I	OR EMPI	LOYE	EE'S RE	CORDS ONL	Υ	202	OMB No. 1545-0008		
a Employee's so		l 1 Wages, ti		'	Feder	al income tax wit			
security number		62205.43		205.43	8053.57				
640-69-		3 Social security wages		es 4	4 Social security tax withheld				
b Employer ID nu	b Employer ID number								
91-0748499 5			5 Medicare wages and tips 6			6 Medicare tax withheld			
c Employer's nar	ne, address, and	I ZIP co	de	_					
Milgard	. Manufac	ctur	ing LLO	C					
1010 54	th E Ave	9							
Tacoma,	WA 9842	24							
d Control numbe	r 201000								
1047603	321223								
e Employee's na	me, address, and	d ZIP co	ode						
	h S Vado	_	lli						
	78th Av	_	_						
Hillsbo	ro, OR 9	9712	3						
7 Social security tips		8 Allocated tips			9 Advance EIC payment				
10 Dependent ca	are benefits	11	Nonqualified	plans					
				<u>-</u>					
^{12a} C	42.00		13 Statutory employ	yee F	Retirement plan	3rd-party sick pay			
12b			X						
D D	461.52		14 Other ORSTT	W/H	62.16				
^{12c} DD	3297.90								
12d W	288.45		Q 15						
OR 0254622-1			62205.43			4603.00			
15 State Employer's State ID#				wages, tips, etc. 17 State income tax					
18 Local wages, tips, etc.			19 Local income tax			20 Locality name			

N/A

Form W-2 Wage and Tax Statement

N/A

Dept. of the Treasury - IRS

N/A