

Year To Date Earnings

Year To Date Deductions

Store - Regular Hourly 2911.05
Bonus - Gross Up 280.44

006-002602-W2M-60061-MICHAELS

Social Security No.:

279-94-7701

Marital Status:

Single

Exemptions/Allowances:

Federal: 0/0

State: 0/0

a Employee's social security number 279-94-7701		d Control number 956838 WY/13R		7 Social security tips		1 Wages, tips, other compensation 3191.49		2 Federal income tax withheld 307.81			
c Employer's name, address, and ZIP code Michaels Stores, Inc. 8000 Bent Branch Drive Irving, TX 75063				8 Allocated tips		3 Social security wages 3191.49		4 Social security tax withheld 197.87			
				9 Verification code		5 Medicare wages and tips 3191.49		6 Medicare tax withheld 46.28			
				10 Dependent care benefits		12a See instructions for box 12		12b			
b Employer identification number (EIN) 75-1943604			e Employee's first name and initial Last name Suff. AARTHI ARUN 3 PARKSIDE CT APT VERNON HILLS, IL 60061			11 Nonqualified plans		12c		12d	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		14 Other	
15 State Employer's State ID No IL 75-1943604 000 7		16 State wages, tips, etc. 3191.49		17 State income tax 157.98		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

2017 Form W-2 Wage and Tax Statement

OMB No. 1545-0008

Employee's Copy

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

Department of the Treasury-Internal Revenue Service. 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.

2017

Form W-2 Wage and Tax Statement

OMB No. 1545-0008

State Filing Copy

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
Department of the Treasury-Internal Revenue Service

a Employee's social security number 279-94-7701		d Control number 956838 WY/13R		7 Social security tips		1 Wages, tips, other compensation 3191.49		2 Federal income tax withheld 307.81			
c Employer's name, address, and ZIP code Michaels Stores, Inc. 8000 Bent Branch Drive Irving, TX 75063				8 Allocated tips		3 Social security wages 3191.49		4 Social security tax withheld 197.87			
				9 Verification code		5 Medicare wages and tips 3191.49		6 Medicare tax withheld 46.28			
				10 Dependent care benefits		12a See instructions for box 12		12b			
b Employer identification number (EIN) 75-1943604			e Employee's first name and initial Last name Suff. AARTHI ARUN 3 PARKSIDE CT APT VERNON HILLS, IL 60061			11 Nonqualified plans		12c		12d	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		14 Other	
15 State Employer's State ID No IL 75-1943604 000 7		16 State wages, tips, etc. 3191.49		17 State income tax 157.98		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

2017

Form W-2 Wage and Tax Statement

OMB No. 1545-0008

Federal Filing Copy

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service

a Employee's social security number 279-94-7701		d Control number 956838 WY/13R		7 Social security tips		1 Wages, tips, other compensation 3191.49		2 Federal income tax withheld 307.81			
c Employer's name, address, and ZIP code Michaels Stores, Inc. 8000 Bent Branch Drive Irving, TX 75063				8 Allocated tips		3 Social security wages 3191.49		4 Social security tax withheld 197.87			
				9 Verification code		5 Medicare wages and tips 3191.49		6 Medicare tax withheld 46.28			
				10 Dependent care benefits		12a See instructions for box 12		12b			
b Employer identification number (EIN) 75-1943604			e Employee's first name and initial Last name Suff. AARTHI ARUN 3 PARKSIDE CT APT VERNON HILLS, IL 60061			11 Nonqualified plans		12c		12d	
f Employee's address and ZIP code				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		14 Other	
15 State Employer's State ID No IL 75-1943604 000 7		16 State wages, tips, etc. 3191.49		17 State income tax 157.98		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	