

W2 Wage and Tax Statement

2003

OMB No. 1545-0048

3E29 3E29

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

a Employer's name, address and ZIP code

MILE 2 MKI, INC.
205 FLINDT DRIVE
SUITE #3

STORM LAKE IA 50588

b Employee's name, address, and ZIP code

MICHAEL R ROBERTS
1229 620TH AVE

STORM LAKE IA 50588

IA 260054673001 55553.60

15 State Employer's state I.D. number

16 State wages, tips, etc.

7 Social security tips

8 Allocated tips

9 Advance EIC payment

12a See instructions for box 12

12d

b Employer identification number

26-0054673

1 Wages, tips, other compensation

55553.60

3 Social security wages

55553.60

5 Medicare wages and tips

55553.60

10 Dependent care benefits

12b

12c

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