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9. L. BOTTORFF, LTC, FC, L6363
20 ARMO DIV, FT Hood, TX 76546

CALENDAR YEAR 1970

Type or print EMPLOYER'S Federal identification number, Organization, and address above. Copy F—Information Copy - To be used as required. (Military - FDRF)

FEDERAL INCOME TAX INFORMATION				SOCIAL SECURITY INFORMATION		
EMPLOYEE'S social security number	Federal income tax withheld	Wages paid subject to withholding in 1970 ¹	Other compensation paid in 1970 ²	F.I.C.A. employee tax withheld ³	Total F.I.C.A. wages paid in 1970	
[REDACTED]	1660.14	9591.13		374.43	7800.00	
<p>XXXXXXXXXXXXXXXXXXXX</p> <p>SLONIKER, MICHAEL E.</p>				Name of State (ABBR) ⁴	Employer's State Identification Number ⁴	State income tax withheld ⁴
					37	
Type or print EMPLOYEE'S name and address (including ZIP code) above.				<p>¹ Amount is before payroll deductions or sick pay exclusion.</p> <p>² Report salary or other employee compensation which was not subject to withholding. See Circular E.</p> <p>³ One-eighth of this amount was withheld to finance the cost of Hospital Insurance Benefits. The remainder is for old-age, survivors, and disability insurance.</p> <p>⁴ State income tax information not applicable to military.</p>		

FORM **W-2** U.S. Treasury Department, Internal Revenue Service

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