REISSUED a Employee's socia	•		Safe, Accurate, Visit the IRS Website					ite		
STATEMENT 79	96-80-5589	OMB No	o. 1545-00	08 FAST! Use	e	5~ III	e	at www.ii	s.gov/efile	<b>)</b> .
<b>b</b> Employer identification number			1 V	Vages, tips, other compe	nsation	2	Federal	income tax	withheld	
73-8707029				147284.88			46566.57			
c Employer's name, address, and ZIP code			<b>3</b> S	ocial security wages		4	Social se	ecurity tax	withheld	
Ramos, Wright and Alexander LLC			143254.03			1	10958.93			
618 Casey Shores			5 Medicare wages and tips				6 Medicare tax withheld			
South Donnaton MD 68290-5501			152328.94				4417.54			
South Donnaton MD 68290-5501			7 Social security tips			8	8 Allocated tips			
				143254.03				1523	28.94	
d Control number			9 A	dvance EIC payment		10	Depend	ent care be	nefits	
4515891								151		
e Employee's first name and initial Last name	Э		11 N	lonqualified plans		12a	See ins	tructions f	or box 12	
				197			D	6158		
Melissa Gross			13 Statu		Third-party	12b				
446 Luna Plaza Suite 842			emplo	pyee plan	sick pay		P	565		
Smithmouth CA	87425-3835		14 C	Other (see enclosed Notice	e to Employee	e) <b>12c</b>	i			
							E	438		
						12d				
								552		
f Employee's address and ZIP code							l			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc.	19 Local inc	come tax		20 Locality	/ name
IA 683-00-396	71177.72	2370.73		190069.6		23569	.21		Clay	Oval
LA 426-34-983	77327.99	3194.93		127537.97	2	23806	. 55		Donald	Track

Wage and Tax Statement

Form W-2

5070

Department of the Treasury--Internal Revenue Service

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

Cut here. Keep lower portion for your records.

REISSUED	a Employee's soc	ial security number							vice. If you are required		
STATEMENT	7	96-80-5589	OMB	OMB No. 1545-0008 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>b</b> Employer identification number				1	Wages, tips, other compe	nsation	2 F	ederal income ta	ax withheld		
73-8707029					147284.88		46	566.57			
c Employer's name, address, an	d ZIP code			3	Social security wages		4 S	ocial security ta:	x withheld		
Ramos, Wright and Alexander LLC				143254.03			10958.93				
618 Casey Shores			5	l			6 Medicare tax withheld				
<del>-</del>				152328.94				4417.54			
South Donnaton MD 68290-5501			7 Social security tips			8 A	8 Allocated tips				
					143254.03			1523	328.94		
d Control number				9	Advance EIC payment		<b>10</b> D	ependent care I	penefits		
4515891							151				
e Employee's first name and initi	al Last nam	ne		11	Nonqualified plans		12a S	ee instructions	for box 12		
					197			6158	3		
Melissa Gross			13 Stat		Third-party	12b					
446 Luna Plaza Suite 842			emp	employee plan sick pay			P 565				
Smithmout	h CA	87425-3835		14	Other (see enclosed Notice	e to Employee	e) 12c	1			
52 516 G11 G11 G 7 1 2 5 5 5 5 5							E 438	438			
							12d				
								552			
f Employee's address and ZIP of	nde										
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	(	18 Local wages, tips, e	tc. 1	19 Local incor	ne tax	20 Locality name		
IA 683-0	0-396	71177.72	2370.73		190069.6	2	23569.	21	Clay Oval		
LA 426-3	4-983	77327.99	3194.93		127537.97	2	23806.	55	Donald Track		

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS.
(See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

