R	EISSUED	a Employee's socia	l security number			Safe	, Accurate,	e 🖸	n/H		Visit the	IRS Website	
ST	ATEMENT	87	76-74-6144	OMB N	lo. 1545-0	0008 <b>FAS</b>	T! Use	5		6	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld				
] 3	32-6710461					175887.47			48117.57				
<b>c</b> Employ	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Kelly, Stafford and Ramos LLC					188003.92				14382.3				
84208 Chapman Point Kaufmanmouth HI 07129-4537					5 Medicare wages and tips				6 Medicare tax withheld				
					182603.28				5295.5				
•	Radimanmoden HI 0/129-455/					7 Social security tips				8 Allocated tips			
					188003.92				182603.28				
d Control number					9 Advance EIC payment 10 Dependent care benef				enefits				
3602972									209				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					210				6098				
:	Tyler Smith					13 Statutory Retirement Third-party employee plan sick pay					i		
9262 Jamie Causeway Erikashire NE 04182-0377					14 Other (see enclosed Notice to Employee)					н	361		
									12c				
										н	835		
						· ·			12d				
										D	588		
f Employ	ee's address and ZIP cod	e						F		_	1000		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	!	18 Local wage	s, tips, etc.	19 L	ocal inco	ome tax		20 Locality name	
HI	521-83	-639	91293.63	6852.46		188172.67		29	9902.66			Turner Wall	
NC	039-87	-746	87679.14	8354.21		214907	.72	34:	183	. 89		Smith Island	

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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.

F	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are re											
	TATEMENT	8	76-74-6144	OMB N	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> Emplo	b Employer identification number					Wages, tips, other compensation		2 Federal income tax withheld				
32-6710461					175887.47			48117.57				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Kelly, Stafford and Ramos LLC					188003.92			14382.3				
84208 Chapman Point					5	Medicare wages and tips		6 Medicare tax withheld				
						182603.28		5295.5				
	Kaufmanmouth HI 07129-4537					Social security tips		8 Allocated tips				
						188003.92		182603.28				
<b>d</b> Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	3602972								209			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
						210			6098			
	Tyler Smith				13 Stat	utory Retirement Third-party		12b				
9262 Jamie Causeway Erikashire NE 04182-0377					employee plan sick pay  X  Other (see enclosed Notice to Employee)			н	361			
								120				
					14	Other (see enclosed Notice to Employ	66)					
						!			н 835			
								12d				
									588			
f Employee's address and ZIP code							-					
15 State	Employer's state ID n	umber	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name		
HI	521-83	3-639	91293.63	6852.46	188172.67		29	902.66	Turner Wall			
NC	039-8	7-746	87679.14	8354.21	214907.72 3		34:	183.89	Smith Island			

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

