REISSUED a Employee's social security number		Safe, Accurate,	IRSO A GILO	Visit the IRS V	Vebsite		
STATEMENT 406-02-0086	OMB No. 1545	-0008 FAST! Use		at www.irs.gov	/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Fe	deral income tax withh	eld		
05-0696667		113719.4	13	13103.47			
c Employer's name, address, and ZIP code	3	Social security wages	4 Sc	4 Social security tax withheld			
Carlson-Thompson Group		142970.4	10	10937.24			
93466 Hester Plaza Apt. 231	5	Medicare wages and tips	6 Me				
West Danielburgh NE 86209-1960		135607.22		3932.61			
West banierburgh RE 00209 1900	7	Social security tips	8 All	ocated tips			
	9	142970.4		135607.	22		
d Control number		Advance EIC payment	10 De	10 Dependent care benefits			
4371543				142			
e Employee's first name and initial Last name	11	Nonqualified plans	12a Se	ee instructions for bo	12		
		183		9141			
Jennifer Ramos		atutory Retirement Third-					
44881 Kayla Tunnel Suite 954		nployee plan sick pa	I I	890			
West Jennifer NM 91801-7007	14	Other (see enclosed Notice to En	nployee) 12c	i			
				206			
			12d	1			
			I	717			
f Employee's address and ZIP code				1			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	State income tax	18 Local wages, tips, etc.	19 Local incom	ie tax 20 L	ocality name		
MD 818-41-007 61723.27 52	07.0	121614.29	21860.9	97 Bar	ron Ranch		
DE 814-95-987 56947.51 68	16.64	109164.27	21593.6	51 Gro	ss Bypass		

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.

REIS	SUED a Employee's s	ocial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATE	EMENT	406-02-0086	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 Employer ider	Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
05-0696667			113719.4			13103.47				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Carlson-Thompson Group			142970.4			10937.24				
93466 Hester Plaza Apt. 231 West Danielburgh NE 86209-1960			5 Medicare wages and tips			6 Medicare tax withheld				
			135607.22 7 Social security tips			3932.61 8 Allocated tips				
d Control numb	d Control number			9 Advance EIC payment			10 Dependent care benefits			
4371543						142				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jennifer Ramos 44881 Kayla Tunnel Suite 954			183			9141				
			13 Statutory Retirement Third-party			12b				
			employee plan sick pay			D	890			
Wes	st Jennifer N	M 91801-7007		14	Other (see enclosed Notice to Empl	oyee)	12c	1		
							206			
							12d			
							P	717		
f Employee's a	ddress and ZIP code									
15 State Em	nployer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income ta:	(20 Locality name	
MD	818-41-007	61723.27	5207.0		121614.29	21	L860.97		Barron Rancl	
DE	814-95-987	56947.51	6816.64		109164.27	21	593.61		Gross Bypass	

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

