REIS	SSUED	a Employee's socia	I security number			Safe, Acc	urate,	e r	HIO	Visit the	IRS Website	
STAT	EMENT	35	1-24-0724	OMB N	o. 1545-0	0008 FAST! U	se	5	√file >	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
31-	-8246491					87791.46			27814.34			
c Employer's r	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Ramirez Ltd Inc					82312.36				6296.9			
257 Jeremy Islands Suite 316				5 Medicare wages and tips				6 Medicare tax withheld				
West Monica CA 69363-5406					98283.33				2850.22			
					7 Social security tips				8 Allocated tips			
					82312.36				98283.33			
d Control number				9 Advance EIC payment				10 Dependent care benefits				
933	13606									130		
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
					185				G 9442			
MI	Michael Ramirez				13 Statutory Retirement Third-party employee plan sick pay				12b	ı		
44166 Robinson Greens Josemouth DC 28896-4734					14 Other (see enclosed Notice to Employee)				H	159		
								ree)	12c	ı		
									P	462		
									12d			
									P	926		
f Employee's	address and ZIP code	9						-				
	mployer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 L	ocal income tax	(20 Locality name	
CT	043-64	-312	45226.96	3076.51		67012.15		17	413.64		Andrews Turnpike	
TN	247-10	247-10-357 42441.57 3364.95		3364.95	99601.97		99	08.37	Daniel Center			

Wage and Tax

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.

R	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	TATEMENT	3.	51-24-0724	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 identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
31-8246491					87791.46			27814.34				
c Employ	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Ramirez Ltd Inc					82312.36			6296.9				
257 Jeremy Islands Suite 316				5 Medicare wages and tips			6 Medicare tax withheld					
	_					98283.33			2850.22			
1	West Monica CA 69363-5406				7 Social security tips			8 Allocated tips				
					82312.36			98283.33				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits				
	9313606							130				
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	Michael Ramirez				185			G 9442				
					13 Statutory Retirement Third-party			12b				
	44166 Robinson Greens Josemouth DC 28896-4734					mployee plan sick pay X Dither (see enclosed Notice to Employee)			159			
'	JOSEMOUCH DC 20090-4734							P	462			
								12d				
									1			
									P 926			
f Employee's address and ZIP code					T				T			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax				Local income		20 Locality name		
CT	043-64	1-312	45226.96	3076.51	67012.15		17	7413.64		Andrews Turnpike		
TN	247-10-357 42441.57 3364.95		99601.97		99	08.37		Daniel Center				

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

