REISSUED a Employee's social security number			Safe, Accu	ate,			the IRS Webs			
STATEMENT 091-30-5207	OMB N	o. 1545-00	08 FAST! Use			at wv	ww.irs.gov/efile	Э.		
b Employer identification number		1 V	ages, tips, other compen	sation	2	ederal incom	e tax withheld			
12-7246691			216827.36	24	24155.17					
c Employer's name, address, and ZIP code			ocial security wages	4 5	4 Social security tax withheld					
Dunn-Ramirez Inc			244979.15			18740.9				
7692 Freeman View Apt. 160 Romeroborough OK 21489-2248			ledicare wages and tips	6 1						
			278240.51		8068.97					
			ocial security tips	8 /	1					
			244979.15			278240.51				
d Control number			9 Advance EIC payment 10 Dependent care benefits							
9354882						27:				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Melissa Stanley			216			2322				
			ory Retirement	12b						
411 Betty Circles Suite 486			oyee plan	x sick pay		P 908	8			
Jamesview OH 57219-4564			ther (see enclosed Notice	to Employee) 12c	i				
					D 541					
						12d				
						593	1			
6 Factorial Alexand 7/D and						39.	1			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	L	18 Local wages, tips, et	c. 1	9 Local inco	me tax	20 Localit	v name		
DC 817-05-823 97965.64	10088.79		221394.39	-	26512.			Forks		
FL 950-90-187 116383.89	11489.58		172090.22	2	25444.	33	Wells	Isle		

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	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if								
ST	ATEMENT	09	91-30-5207	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				Wages, tips, other compensation				Federal income tax withheld					
12-7246691					216827.36				24155.17				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Dunn-Ramirez Inc					244979.15				18740.9				
7692 Freeman View Apt. 160 Romeroborough OK 21489-2248				5 Medicare wages and tips			6 Medicare tax withheld						
				278240.51				8068.97					
				7 Social security tips				8 Allocated tips					
					244979.15				278240.51				
d Control number				9 Advance EIC payment				10 Dependent care benefits					
9354882									273				
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12						
Melissa Stanley			216			2322							
			13 S	tatutory Retirem	ent Third-party		12b						
411 Betty Circles Suite 486				mployee plan	sick pay			P	908				
411 Betty Circles Suite 400						\	40-	<u> </u>	908				
Jamesview OH 57219-4564			14	Other (see enclose	a Notice to Employ	/ee)	12c		I				
								D	541				
								-	12d		1		
							591						
	ee's address and ZIP cod												
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19			9 Local income tax			20 Localit	y name
DC	817-05	-823	97965.64	10088.79		221394.39 2		26	6512.81			Mckee	Forks
FL	950-90	-187	116383.89	11489.58		172090.	22	25	444	. 33		Wells	: Isle

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

