REISSUED a Employee's social security n	umber		Safe, Accurate,	(RSD)		Visit the IRS Website			
STATEMENT 742-74-	-7760 0	MB No. 1545-000	8 FAST! Use		Tile)	at www.irs.gov/efile.			
b Employer identification number	•	1 W	ages, tips, other compensation		2 Federal	income tax withheld			
98-2467169			105195.43			27304.58			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Kramer Ltd LLC			99492.8			7611.2			
9966 Jordan Lodge			5 Medicare wages and tips			6 Medicare tax withheld			
South Joseph SD 23029-1152			132494.01			3842.33			
			7 Social security tips			8 Allocated tips			
			99492.8			132494.01			
d Control number		9 Ad	vance EIC payment		10 Depend	lent care benefits			
7075265						104			
e Employee's first name and initial Last name		11 No	nqualified plans		12a See ins	structions for box 12			
			100			н 6325			
Bridget Parks			ry Retirement Third-		12b				
260 Curtis Views Apt. 919			ee plan sick p	ay		564			
Brianborough MN 786	77-1708	14 Ot	her (see enclosed Notice to Er	nployee)	12c				
					D	391			
					12d				
					E	325			
f Employee's address and ZIP code									
	wages, tips, etc. 17 State incom-		x 18 Local wages, tips, etc. 19 Local income tax 20		20 Locality name				
NE 481-31-718 5728	9.74 3823.98	3	113987.36 15045.92 Sha		Shannon Views				
IA 216-57-750 4838	0.18 3086.67	7	123957.31	198	80.78	Katelyn Plain			

Wage and Tax Statement

Form W-2

5010

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	SSUED a Employee's socia	ll security number		This information is being furnished to the Internal Revenue Service. If you are required						
STAT	EMENT 74	12-74-7760	OMB N	OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.					e imposed on you if	
b Employer ide	entification number			1 V	Vages, tips, other compensation	2	Federa	I income tax	withheld	
98-2467169			105195.43			27304.58				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Kramer Ltd LLC			99492.8			7611.2				
9966 Jordan Lodge			5 Medicare wages and tips			6 Medicare tax withheld				
South Joseph SD 23029-1152				132494.01			3842.33			
			7 Social security tips			8 Allocated tips				
					99492.8				94.01	
d Control numb	ber			9 A	dvance EIC payment	10	Depen	dent care be	enefits	
707	75265							104		
e Employee's f	first name and initial Last name			11 N	Ionqualified plans	12	a See in	structions f	or box 12	
			100			н 6325				
Bridget Parks			13 Statu		12	b	1			
260 Curtis Views Apt. 919			emple X	pyee plan sick pay			564			
Brianborough MN 78677-1708			14 (Other (see enclosed Notice to Employ	/ee) 12	С	1			
							D	391		
						12	d	1		
							E	325		
f Employee's a	address and ZIP code							1		
	mployer's state ID number	16 State wages, tips, etc.	17 State income tax	ı	18 Local wages, tips, etc.	19 Loca	l income ta:	(20 Locality name	
NE	481-31-718	57289.74	3823.98		113987.36	1504	5.92		Shannon Views	
										
IA	216-57-750	48380.18	3086.67		123957.31	1988	0.78		Katelyn Plain	

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

