RE	ISSUED	a Employee's socia	•			Safe, Ac	curate,	90 1/	H	Visit the	IRS Website
STA	ATEMENT	75	66-84-4175	OMB N	o. 1545-0	008 FAST! U	se	G	file	at www.i	rs.gov/efile.
b Employer identification number					1 '	1 Wages, tips, other compensation			2 Federal income tax withheld		
20-9607580					206940.31				28919.58		
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld		
Ramos LLC Group						217775.1			16659.8		
4	7884 Munoz	Hill			5	Medicare wages and tip		6	Medica	are tax withh	
ъ.	ussellberg	MA	02609-0780			145490.14				4219	.21
K	usseriberg	MA	02009-0700		7	Social security tips		8	Allocat		
						217775.1				1454	90.14
d Control n	number				9 /	Advance EIC payment		10	Depen	dent care be	enefits
9	261066									194	
e Employee's first name and initial Last name					11 Nonqualified plans			12	12a See instructions for box 12		
_	isa E	llis				253			P	8143	
ىد	ıısa E	TIIS			13 State	itory Retirement oyee plan	Third-party sick pay	12	b	i	
2	17 Hughes	Loop			X		X		P	543	
P	ort Joyce	RT	57400-2257		14 (Other (see enclosed No	tice to Employ	ree) 12	С	1	
_	ore boyee		37400 2237							174	
								12	d	1	
										780	
f Familia	e's address and ZIP code	_								780	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	, etc.	19 Loca	l income ta:	x	20 Locality name
мт	020-15	-998	103920.07	6793.22		212056.07	,	2333	4.06		Hannah Creek
			1200020.07								
MS	148-84	-971	93836.23	6363.71		220631.0		3551	8.43		Logan Walks

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.

REISSUED	a Employee's social security number						venue Service. If you are requir		
STATEMENT	756-84-4175	OMB N	o. 1545-00	to file a tax return, a negligeneral this income is taxable and you			ction may be imposed on you if		
b Employer identification number			1 V	Vages, tips, other compensation		2 Federal	income tax withheld		
20-9607580			206940.31			28919.58			
c Employer's name, address, and	ZIP code		3 8	ocial security wages		4 Social s	ecurity tax withheld		
Ramos LLC G	Group		217775.1			16659.8			
47884 Munoz	z Hill		5 N	ledicare wages and tips		6 Medicar	re tax withheld		
				145490.14			4219.21		
Russellberg	g MA 02609-0780		7 Social security tips			8 Allocated tips			
				217775.1			145490.14		
d Control number			9 A	dvance EIC payment	1	0 Depend	lent care benefits		
9261066							194		
e Employee's first name and initial	Last name		11 N	lonqualified plans	1	12a See ins	structions for box 12		
				253		P	8143		
Lisa H	Ellis		13 Statu		/ 1	I2b			
217 Hughes	s Loop		empl X	pyee plan sick pay		P	543		
	_			Other (see enclosed Notice to Emplo	wee) 1	- 12c	0.10		
Port Joyce	e RI 57400-2257		' `	valor (see cholosed rection to Emple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	120			
							174		
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f Employee's address and ZIP coo	de								
15 State Employer's state ID no	umber 16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	al income tax	20 Locality name		
MT 020-15	5-998 103920.07	6793.22		212056.07	233	34.06	Hannah Cree		
MS 148-84	93836.23	6363.71		220631.0	355	18.43	Logan Walk		

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

