REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					the IRS Website		
STATEMENT 844-74-3307	OMB N	o. 1545-0008	FAST! Use		7	at ww	/w.irs.gov/efile.		
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
24-2983048			202950.57			64648.85			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Pearson, Yu and Ramirez Ltd			247258.92			18915.31			
8355 Tyler Heights Apt. 000			5 Medicare wages and tips			6 Medicare tax withheld			
Lewischester NM 01704-9061			186548.85			5409.92			
Lewischester NM 01/04-9061			7 Social security tips			8 Allocated tips			
			247258.92			186548.85			
d Control number			9 Advance EIC payment			10 Dependent care benefits			
2333432						108			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Dath Barranda		267			D 4651				
Beth Fernandez 176 Hernandez Mews Gonzalezville MS 66599-4180			13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			i			
						295	5		
						ı			
						G 779	9		
					12d				
						D 757	7		
f Employee's address and ZIP code						l .			
15 State Employer's state ID number 16 State wages, tips, et	c. 17 State income tax	18	Local wages, tips, etc.	19	Local inco	me tax	20 Locality name		
AL 361-75-660 100168.75	11284.94	2	07513.91	35	469.	69	Amanda Ways		
AZ 629-60-144 104702.77	8464.48	2.	59113.02	23	3534.	33	Steven Mountains		

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.

F	REISSUED	a Employee's soc	•		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						
S	TATEMENT	8	44-74-3307	OMB N	OMB No. 1545-0008 to life 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 Emplo	b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld				
24-2983048			202950.57			64648.85					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Pearson, Yu and Ramirez Ltd				247258.92			18915.31				
8355 Tyler Heights Apt. 000 Lewischester NM 01704-9061			5	Medicare wages and tips	Medicare tax withheld						
			186548.85			5409.92					
Lewischester NM 01704-9061				7 Social security tips			8 Allocated tips				
				247258.92			186548.85				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
2333432						108					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Beth Fernandez			267			D 4651					
			13 Stat	utory Retirement Third-party loyee plan sick pay		12b	i				
176 Hernandez Mews			emp	loyee plan sick pay			295				
Gonzalezville MS 66599-4180			14	Other (see enclosed Notice to Employ	ree)	12c	i				
						G	779				
								12d			
							D	757			
	yee's address and ZIP co		-								
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income t		20 Locality name	
AL	361-7	5-660	100168.75	11284.94		207513.91	35	469.69		Amanda Ways	
AZ	629-60	0-144	104702.77	8464.48		259113.02	23	534.33	3	Steven Mountains	

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

