REISSUED a Employee's se	ocial security number		Safe, Accurate, Visit the IRS Website				IRS Website			
STATEMENT	256-65-7909	OMB N	o. 1545-0	008 FAST! Use			at www.	rs.gov/efile.		
<b>b</b> Employer identification number			1 \	Wages, tips, other compe	nsation	2 Fe	ederal income ta	x withheld		
68-4555919				58503.19		66	6616.31			
c Employer's name, address, and ZIP code			3 Social security wages			4 S	4 Social security tax withheld			
Cohen LLC Group			59949.52				4586.14			
11011 Jacobson Port			5 1	Medicare wages and tips		6 M				
Heatherberg NV 70125-8374				68082.08			1974.38			
			7 Social security tips			8 A	8 Allocated tips			
				59949.52			68082.08			
d Control number			9 Advance EIC payment			<b>10</b> D	10 Dependent care benefits			
6723797							161			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			226			3281				
Austin Burke			13 Statutory Retirement Third-party			12b				
510 Larson Fields			employee plan sick pay			1	E 851			
South Antonio ME 75368-4881				14 Other (see enclosed Notice to Employee)						
SOUCH ANCONIO ME 75500-4001						,	н 587			
						12d				
							100			
							109			
f Employee's address and ZIP code	140 01-1-1-1	147 00010 10000		140 1	. 1	40		00.1		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e		19 Local incon		20 Locality name		
KY 740-50-387	29162.33	2951.01		63920.7		8471.85		Cisneros Estate		
IL 684-77-915	30031.54	3387.5		74745.35		8804.87		William Ramp		

Wage and Tax Statement 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						
ST	ATEMENT	25	66-65-7909	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.						e imposed on you if
<b>b</b> Employ	<b>b</b> Employer identification number				1 \	Vages, tips, other comp	ensation	2	2 Federal income tax withheld		
68-4555919				58503.19			6	6616.31			
c Employer's name, address, and ZIP code				3 Social security wages			4	4 Social security tax withheld			
Cohen LLC Group				59949.52			4	4586.14			
11011 Jacobson Port			5 Medicare wages and tips			6	6 Medicare tax withheld				
Heatherberg NV 70125-8374				68082.08				1974.38			
			7 Social security tips			8	8 Allocated tips				
				59949.52				68082.08			
<b>d</b> Control	d Control number			9 Advance EIC payment			10	10 Dependent care benefits			
6723797								161			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
				226				3281			
2	Austin Burke			13 Statu	*	Third-party	12b				
510 Larson Fields South Antonio ME 75368-4881				mployee plan sick pay  X  Other (see enclosed Notice to Employee)				E 851			
							ee) 12c				
				' `	outer (occ cholosed 140	noo to Employe	120	1	_		
							н  587				
								12d	i		
										109	
	ee's address and ZIP cod	le									
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local in	come tax		20 Locality name
KY	740-50	-387	29162.33	2951.01		63920.7		8471.	85		Cisneros Estate
IL	684-77	-915	30031.54	3387.5		74745.35		8804.	87		William Ramp

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

