REISSU	ED a Employee's so	cial security number			Safe	, Accurate,	20.0	€H		Visit the	IRS Website	
STATEM	ENT 4	452-02-8878	OMB N	o. 1545-00	008 FAS	Γ! Use			B	at www.i	rs.gov/efile.	
b Employer identifica	b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
42-1852529					166385.2				27136.87			
c Employer's name,	c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Robinson-Rasmussen LLC				181204.34				13862.13				
827 Hill Flat Suite 296				5 Medicare wages and tips				6 Medicare tax withheld				
Brownmouth NY 45163-3722				146791.17				4256.94				
				7 Social security tips				8 Allocated tips				
				181204.34				146791.17				
d Control number				9 Advance EIC payment 10 Depende				lent care benefits				
899031								159				
e Employee's first name and initial Last name				11 Nonqualified plans				12a See instructions for box 12				
Elizabeth Wells				162				G 2383				
				13 Statutory Retirement Third-party employee plan sick pay				12b				
944 Alicia Views			X X				G 993					
Jessicamouth NY 13969-7762			14 Other (see enclosed Notice to Employee)				12c					
							127					
						12d						
									E	757		
f Employee's addres	s and ZIP code									1		
15 State Employe	r's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages	s, tips, etc.	19 I	Local inc	ome tax		20 Locality name	
KY	173-40-241	88634.12	8942.54		192019.24 2		21	1599.4			Garcia Summit	
LA	726-18-033	79367.07	6460.72		215692	72	18	690	. 63		Lori Valleys	

Wage and Tax

Form W-2 Statement

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.

R	EISSUED	a Employee's soci	•		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	4.	52-02-8878	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employe	b Employer identification number				1 \	Vages, tips, other compensation	Federal income tax withheld				
42-1852529					166385.2			27136.87			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Robinson-Rasmussen LLC					181204.34			13862.13			
827 Hill Flat Suite 296					5 N	Medicare wages and tips	6 Medicare tax withheld				
					146791.17	4256.94					
	Brownmouth NY 45163-3722				7 5	Social security tips	8 Allocated tips				
				181204.34			146791.17				
d Control	d Control number				9 Advance EIC payment			10 Dependent care benefits			
8	899031							159			
e Employe	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				162			G 2383				
Elizabeth Wells					13 Statu			12b	1		
944 Alicia Views				employee plan sick pay			G 993				
Jessicamouth NY 13969-7762				14 Other (see enclosed Notice to Employee)			12c	i			
							127				
								12d			
								E	E 757		
	ee's address and ZIP cod		-	•							
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,		Local income tax	20 Locality name		
KY	173-40	-241	88634.12	8942.54		192019.24 2:		.599.4	Garcia Summit		
LA	726-18	726-18-033 79367.07 6460.72		215692.72 1		18	690.63	Lori Valleys			

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

