F	REISSUED	a Employee's soci	•			Safe, Accurate,		A HIO		IRS Webs			
S	TATEMENT	3'	78-49-5331	OMB N	o. 1545-0008	FAST! Use		*file	at www.i	rs.gov/efile	€.		
b Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld				
33-1296195					1	112006.97			24957.55				
c Employer's name, address, and ZIP code					3 Soc	3 Social security wages			4 Social security tax withheld				
Ramos LLC Group						100243.19			7668.6				
28899 Oneal Crescent									6 Medicare tax withheld				
						136858.45			3968.9				
New Joshuamouth CA 80251-4874									8 Allocated tips				
						.00243.19				58.45			
d Control number					9 Adv	ance EIC payment	10 Dependent care benefits						
3096189						268							
e Employee's first name and initial Last name					11 Non	1 Nonqualified plans			12a See instructions for box 12				
Debbie Dawson 87020 Cain Ramp Suite 064					158			н 2034					
					13 Statutory		12b						
					employee	e plan sick p							
New John IN 56577-3154						er (see enclosed Notice to E	12c	ı					
								н	290				
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f Emplo	yee's address and ZIP cod	0							702				
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	1	8 Local wages, tips, etc.	19	Local income tax	(20 Localit	y name		
IN	941-84	-552	60708.97	4593.54	7	8487.23	16	6914.71		Smith	Union		
NH	426-26-562 54357.59		3135.25		37423.6	21	1997.08		Megan	Manor			
Wage and Tax					$\overline{}$	Department of the TreasuryInternal Revenue Service							
Form W-	C4-4			に 口 丁	U				.,				

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 socia	-		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									
	STATEMENT 378-49-5331 OMB N					this income is taxable and you fail to report it.								
b Emplo	yer identification number	Wages, tips, other compensation			Federal income tax withheld									
33-1296195						112006.97			24957.55					
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld					
Ramos LLC Group						100243.19			7668.6					
28899 Oneal Crescent New Joshuamouth CA 80251-4874						5 Medicare wages and tips				6 Medicare tax withheld				
						136858.45			3968.9					
	New Joshuan	7 Social security tips			8 Allocated tips									
						100243.19			136858.45					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits					
	3096189				268									
e Emplo	yee's first name and initial	11 Nonqualified plans 12a See instructions for					for box 12							
Debbie Dawson						158 13 Statutory Retirement Third-party				H 2034				
87020 Cain Ramp Suite 064 New John TN 56577-3154					employee plan sick pay 14 Other (see enclosed Notice to Employee)			882						
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f Emplo 15 State	oyee's address and ZIP con Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	10 1	ocal inc	ome tay		20 Localit	/ name		
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NH	426-26	6-562	54357.59	3135.25		87423.6	21	997	.08		Megan	Manor		

Wage and Tax

Statement Form W-2 Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

