REISSUED a Employe	ee's social security number		Safe, Accurate, Visit the IRS Website					the IRS Website	
STATEMENT	756-57-3466	OMB No	o. 1545-0008	FAST! Us	e		at w	ww.irs.gov/efile.	
b Employer identification number			1 Wages, tips, other compensation			2 F	Federal income tax withheld		
50-0050169			68425.49			10876.64			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Lawrence, Ramirez and Rodriguez Ltd			51169.87			39	3914.5		
3890 Kathy Corner			5 Medicare wages and tips			6 N	• modical o tax mamola		
Harrisfort ID 44055-4317			8:			2423.2			
			7 Socia		8 A	8 Allocated tips			
			51169.87				83558.56		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
9798762						276			
e Employee's first name and initial	Last name		11 Nonq	ualified plans		12a S	See instructi	ons for box 12	
Mrs. Melinda 3814 Peters Well New Gerald NV 94814-2091			223				2967		
			13 Statutory Retirement Third-party employee Plan Sick pay 14 Other (see enclosed Notice to Employee)			12b	1		
							33	4	
						e) 12c	12c		
							D 74	8	
						12d	12d		
							244		
f Employee's address and ZIP code							2-1	3	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18	Local wages, tips,	etc. 1	9 Local inco	me tax	20 Locality name	
KS 396-71-489	35641.51	1836.09	76732.62 10169.79		Collins Route				
		1.400.45							
OR 405-68-911	34413.11	1480.47	6	2053.06]	L1670.	48	Ernest Street	

Wage and Tax

This information is being furnished to the Internal Revenue Service.

5070 **Statement** Form W-2 Copy B--To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

F	REISSUED	a Employee's socia	I security number		This information is being furnished to the Internal Revenue Service. If you are required					
1	TATEMENT	75	66-57-3466	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.					
b Emplo	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld		
50-0050169				68425.49			10876.64			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Lawrence, Ramirez and Rodriguez Ltd				51169.87			3914.5			
3890 Kathy Corner Harrisfort ID 44055-4317			5 Medicare wages and tips			6 Medicare tax withheld				
			83558.56			2423.2				
			7 Social security tips			8 Allocated tips				
				51169.87			83558.56			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
9798762							276			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Mrs. Melinda 3814 Peters Well			223			2967				
			13 Statu			12b				
			employee plan sick pay			334				
0011 100010011			14 C	Other (see enclosed Notice to Employ	(00)	12c				
New Gerald NV 94814-2091			Other (see enclosed Notice to Employee)			D 748				
							244			
	oyee's address and ZIP coo									
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name
KS	396-71	489	35641.51	1836.09		76732.62	10	169.79		Collins Route
OR	405-68	3-911	34413.11	1480.47		62053.06	11	670.48		Ernest Street

Wage and Tax

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



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

