REISSUED a Employee's social security number		Safe, Accurate,		RS Website		
STATEMENT 242-63-5808	OMB No. 1545-0	008 FAST! Use	at www.	irs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Federal income ta	ax withheld		
47-5502442		232346.96	41122.59	41122.59		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax	4 Social security tax withheld		
Ramirez, Martin and Dyer LLC		262238.87	20061.27	20061.27		
621 Patrick Landing Apt. 800 Christensenfort NV 43667-6881		Medicare wages and tips				
		202090.08		5860.61		
Chilistenseniolt NV 45007 0001	7	Social security tips	8 Allocated tips			
	9	262238.87		90.08		
d Control number		Advance EIC payment	·	10 Dependent care benefits		
8684786				108		
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions	for box 12		
Eric Wright 3313 Donald Skyway Suite 966 South Jessica SC 84527-0936		158	D 4711	D 4711		
		utory Retirement Third-party	12b			
		oloyee plan sick pay	P 747			
		Other (see enclosed Notice to Emplo	yee) 12c			
			702			
			12d			
			879			
f Employee's address and ZIP code			10.0			
1 2/	ate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
CT 091-80-127 109506.44 422	27.22	236687.03	24450.48	Robert Trail		
DC 219-18-702 105028.46 513	30.1	165520.42	32909.1	David Trail		

Wage and Tax Statement

Form W-2

5070

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.

RE	ISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STA	ATEMENT	2	42-63-5808	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 Employer	r identification number				Wages, tips, other compensation				Federal income tax withheld			
47-5502442			232346.96				41122.59					
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld					
Ramirez, Martin and Dyer LLC 621 Patrick Landing Apt. 800 Christensenfort NV 43667-6881			262238.87				20061.27					
			5 Medicare wages and tips 202090.08				6 Medicare tax withheld 5860.61					
Christensenfort NV 43667-6881				7 Social security tips				8 Allocated tips				
						2622	238.87				2020	90.08
d Control no	umber				9	Advance E	IC payment			10 Dep	endent care b	enefits
8	684786										108	
e Employee's first name and initial Last name		11 Nonqualified plans				12a See instructions for box 12						
E	ric W	right			13 State	158 itory oyee	Retirement plan	Third-party sick pay		12b	4711	•
3313 Donald Skyway Suite 966			X	7				P	747			
South Jessica SC 84527-0936		14 Other (see enclosed Notice to Employee)			/ee)	12c						
								702				
									-	12d		
						879						
15 State	e's address and ZIP coo Employer's state ID no		16 State wages, tips, etc.	17 State income tax	l	18 Loca	al wages, tips.	etc.	19 L	ocal income	tax	20 Locality name
CT	091-80		109506.44	4227.22			587.03		24	450.4	2	Robert Trail
<u> </u>	031 00	,,	10000.44			2330						Troperc trait
DC	219-18	3-702	105028.46	5130.1		165520.42		32	32909.1		David Trail	

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

