F	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Websit					IRS Website				
S	TATEMENT	32	24-96-6533	OMB N	lo. 1545-0	0008 F .	AST! Use	G		E	at www.i	rs.gov/efile.	
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
52-7500202						240573.95				24460.62			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Rose LLC LLC						305404.16				23363.42			
8555 Monique Falls Suite 048					5 Medicare wages and tips				6 Medicare tax withheld				
	Sandramouth HI 93103-1907					187346.23				5433.04			
						7 Social security tips				8 Allocated tips			
					305404.16				187346.23				
d Control number					9	9 Advance EIC payment 10			10	Dependent care benefits			
1888815									112				
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
	Jennifer Small 5004 Smith Dam Apt. 525					172 13 Statutory Retirement Third-party				E 6079			
						employee plan sick pay					974		
Vincentton GA 62494-8980						14 Other (see enclosed Notice to Employee)			12c				
										_	l		
										P	P 954		
									12d		Ī		
										D	206		
f Employee's address and ZIP code								[_	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.7,1,7,			9 Local income tax			20 Locality name	
MI	003-37	-667	116942.94	7692.84		222197.89 4		41	1210.39			Medina Road	
NE	872-77	-444	129793.25	9617.79		175806.67 3		38	38211.25			Rodriguez Wel	

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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	32	24-96-6533	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			
52-7500202					240573.95			24460.62				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Rose LLC LLC						305404.16	23363.42					
	8555 Monique Falls Suite 048 Sandramouth HI 93103-1907					Medicare wages and tips	6 Medicare tax withheld					
						187346.23	5433.04					
						Social security tips	8 Allocated tips					
						305404.16	187346.23					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1888815								112			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Jennifer Small				172 13 Statutory Retirement Third-party			E 6079				
	5004 Smith Dam Apt. 525 Vincentton GA 62494-8980					employee plan sick pay X X X			l			
									974			
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									206			
	yee's address and ZIP co		140.00	17 State income tax		I do I and a see See at	140	ocal income tax		00.1		
15 State	Employer's state ID n		16 State wages, tips, etc.			18 Local wages, tips, etc.				20 Locality name		
MI	003-3	/-667	116942.94	7692.84		222197.89 41		1210.39		Medina Roads		
NE	872-7	7-444	129793.25	9617.79		175806.67	38	211.25		Rodriguez Well		

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

