R	REISSUED	a Employee's socia	I security number			Safe	Accurate,	200	H	Visit the	IRS Website	
ST	TATEMENT	58	8-22-4203	OMB N	o. 1545-0	008 FAS	! Use	G	file	at www.i	rs.gov/efile.	
b Employer identification number					1 Wages, tips, other compensation			- 1	Federal income tax withheld			
47-6388323					87954.44				13443.34			
c Employ	yer's name, address, and 2	IP code			3 Social security wages				4 Social security tax withheld			
Ramsey-Leonard Group					96821.0				7406.81			
63745 John Alley New Jenniferberg ME 20586-4269					5 Medicare wages and tips				6 Medicare tax withheld			
					106503.85				3088.61			
					7 Social security tips				8 Allocated tips			
					96821.0				106503.85			
d Control number					9 Advance EIC payment			10	10 Dependent care benefits			
	4614023								242			
e Employee's first name and initial Last name					11 Nonqualified plans			1:	12a See instructions for box 12			
					133				G 7273			
Paul Gardner 0739 Garcia Points Morgantown LA 90295-9502					13 Statutory Retirement Third-party employee plan sick pay			1:	2b	1		
					X Sick pay				G	336		
					Other (see enclosed Notice to Employee)			yee) 1:	2c	1		
									D	678		
								1:	12d			
										323		
f Employ	vee's address and ZIP cod	•						-		323		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages	, tips, etc.	19 Loca	al income ta	ax	20 Locality name	
MI	888-19	-763	47284.78	3082.68		63484.1	8	1293	30.68		Dustin Drives	
											T	
OR	568-10	-170	46936.6 3419.39		81913.98			9918	3.4	Jill Mountain		

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

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.

REISSUE	a Employee's soc	ial security number			This information is being furnis						
STATEME	STATEMENT 588-22-4203 OMB N				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 identification number					Wages, tips, other compensation			2 Federal income tax withheld			
47-6388323					87954.44			13443.34			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Ramsey-Leonard Group					96821.0			7406.81			
63745 John Alley					Medicare wages and tips		6 Medicare tax withheld				
					106503.85 7 Social security tips			3088.61			
ием је	New Jenniferberg ME 20586-4269						8 Allocated tips				
					96821.0			106503.85			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
4614023					!			242			
e Employee's first name	e Employee's first name and initial Last name					1	12a See instructions for box 12				
					133			G 7273			
Paul Gardner					13 Statutory Retirement Third-party						
0739 Garcia Points					employee plan sick pay			G 336			
Morgantown LA 90295-9502					14 Other (see enclosed Notice to Employee)			12c			
								D 678			
								12d			
								323			
f Employee's address and ZIP code						-		323			
1 1/11 1111	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Loc	cal income tax	1	20 Locality name		
' '	88-19-763	47284.78	3082.68		63484.18	129	30.68		Dustin Drives		
						1					
OR 5	68-10-170	46936.6	3419.39		81913.98	991	8.4		Jill Mountain		

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

