REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website							
STATEMENT 460-58-0921	OMB No. 1545-0008 FAST! Use at www.irs.gov/efile.							
b Employer identification number	1 Wages, tips, other compensation 2 Federal income tax withheld							
98-1031130	210913.16 32699.0							
c Employer's name, address, and ZIP code	3 Social security wages 4 Social security tax withheld							
Novak, Chambers and Allison Inc	167584.14 12820.19							
88403 Ferguson Ports Apt. 112	5 Medicare wages and tips 6 Medicare tax withheld							
East Kathyfurt IA 93665-2142	233472.9 6770.71 7 Social security tips 8 Allocated tips							
2000 10011/2020 2112								
I O vivil v vid v	167584.14 233472.9							
d Control number	9 Advance EIC payment 10 Dependent care benefits							
1674222	109							
e Employee's first name and initial Last name	11 Nonqualified plans 12a See instructions for box 12							
Tacanh Damima-	214 G 3035							
Joseph Ramirez	13 Statutory Retirement Third-party employee plan sick pay							
058 Lopez Ramp Apt. 598	Н 695							
Lake Debbiestad CO 34782-665	14 Other (see enclosed Notice to Employee) 12c							
	G 419							
	12d							
	P 718							
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc. 17 State	income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name							
WV 912-24-299 104408.75 394	.21 227845.17 29368.62 Graham Inlet							
MS 604-62-665 108673.33 5073	.49 182950.19 21800.62 Simpson Trace							

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.

RI	EISSUED	a Employee's soci	al security number	er		This information is being furnished to the Internal Revenue Service. If you are required										
	ATEMENT	4	50-58-09	21	OME	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 identification number							Wages, tips, other compensation					2 Federal income tax withheld				
98-1031130							210913.16					32699.0				
c Employer's name, address, and ZIP code							3 Social security wages					4 Social security tax withheld				
Novak, Chambers and Allison Inc							167584.14					12820.19				
88403 Ferguson Ports Apt. 112 East Kathyfurt IA 93665-2142						5	5 Medicare wages and tips					6 Medicare tax withheld				
							233472.9					6770.71				
						7	7 Social security tips					8 Allocated tips				
							167584.14					233472.9				
d Control number							9 Advance EIC payment					10 Dependent care benefits				
1674222													109			
e Employee's first name and initial Last name					11	11 Nonqualified plans					12a See instructions for box 12					
	_						214					G 3035				
Joseph Ramirez 058 Lopez Ramp Apt. 598 Lake Debbiestad CO 34782-6658							13 Statutory Retirement Third-party									
						emp	employee plan sick pay					н	695			
						14	Othor (coo	onclosed No	tice to Employ	(00)	12c		033			
						17	outer (see	enciosed ive	nice to Employ	,00)	120		1			
								L		G	419					
											12d		i			
												P	718			
f Employe	ee's address and ZIP co	de														
15 State	Employer's state ID n	umber	16 State wages	s, tips, etc.	17 State income t	ax	18 Loca	ıl wages, tips	, etc.	19 L	ocal inc	ome tax		20 Locality	name	
WV	912-24	1-299	104408	. 75	3947.21		2278	345.17	, 	29	368	. 62		Graham	Inlet	
MS	604-62	2-665	108673	. 33	5073.49		1829	950.19)	21	800	. 62		Simpson	Trace	

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

