REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website					RS Website	
STATEMENT	1:	24-95-0142	OMB N	lo. 1545-0	008 FAST! Use		≁tile >	at www.ir	s.gov/efile.	
b Employer identification nu	mber			1	1 Wages, tips, other compensation			2 Federal income tax withheld		
04-2326351					58895.08			7284.42		
c Employer's name, address	, and ZIP code			3 Social security wages			4 Social security tax withheld			
Burns and Sons LLC				64710.52			4950.35			
8375 John Freeway				5 Medicare wages and tips			6 Medicare tax withheld			
					45500.44	1319.51				
Lake Noah TX 90589-8445				7 Social security tips			8 Allocated tips			
					64710.52			45500	0.44	
d Control number				9 Advance EIC payment			10 Dependent care benefits			
238509							284			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
				195			2154			
Eugene Ramirez			13 Statutory Retirement Third-party			12b				
454 Hayes Roads Apt. 860				emp X	loyee plan sick p	ay	G	345		
_	_			14	Other (see enclosed Notice to E	nployee)	12c			
Floresberg HI 44872-0045								827		
			12d							
							120			
								931		
f Employee's address and a										
15 State Employer's stat		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax	(20 Locality name	
AZ 873	-75-558	29167.7	2776.54		73444.01 8		8063.68		Sharp Light	
MO 269	-22-890	28746.63	2659.32	45523.14 7		76	7637.09		Kimberly Keys	

Wage and Tax

Form W-2 Statement

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required					
S	TATEMENT	1:	24-95-0142	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	yer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld		
04-2326351				58895.08			7284.42			
c Emplo	yer's name, address, and Z	IP code			3 Social security wages			4 Social security tax withheld		
Burns and Sons LLC				64710.52			4950.35			
8375 John Freeway				5 Medicare wages and tips			6 Medicare tax withheld			
				45500.44			1319.51			
	Lake Noah TX 90589-8445				7 Social security tips			8 Allocated tips		
				64710.52			45500.44			
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits		
	238509								284	
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12		
Eugene Ramirez				195 13 Statutory Retirement Third-party employee plan sick pay			2154			
	Floresberg HI 44872-0045				14 (Other (see enclosed Notice to Employ	/ee)	12c	1	
1101055019 111 11072 0015				!			827			
								12d	1	
							931			
	yee's address and ZIP code		1				,			1
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		10 =110		Local income tax		20 Locality name
AZ	873-75	-558	29167.7	2776.54		73444.01 8		8063.68		Sharp Light
мо	269-22	-890	28746.63	2659.32	45523.14 76		76	7637.09		Kimberly Keys

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

