REISSUED a Employee	s social security number			Safe, Accu	rate,			ne IRS Website	
STATEMENT	144-33-9822	OMB N	o. 1545-000	FAST! Use			at www	w.irs.gov/efile.	
b Employer identification number			1 Wa	iges, tips, other comper	nsation	2	Federal income	tax withheld	
83-0575042				100110.99		3	31670.32		
c Employer's name, address, and ZIP code				cial security wages		4	4 Social security tax withheld		
Ross Inc Ltd				91111.33			6970.02		
21506 Jennifer Via				dicare wages and tips		6			
				119784.73			3473.76		
South Brettport CA 30933-5105				cial security tips		8	8 Allocated tips		
				91111.33			119784.73		
d Control number			9 Advance EIC payment			10	10 Dependent care benefits		
4152537						214			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12		
			280				5732		
Andrea Reilly			13 Statutory Retirement Third-party			12b			
1899 Christine Run				employee plan sick pay			E 746		
West Keith KS 46905-3986				14 Other (see enclosed Notice to Employee)					
							D 314		
						12d	12d		
							247		
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, e	tc.	19 Local inc	ome tax	20 Locality name	
CT 525-31-307	53530.28	4647.35	-	74367.73	:	14350	.09	Gabriel Port	
								<u> </u>	
IN 609-90-392	53334.38	4745.76		105389.56		18066	. 63	Jacob Fields	

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 socia	•		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if						
S	TATEMENT	14	44-33-9822	OMB N	OMB No. 1545-0008 to lile 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				1 Wages, tips, other compensation			2 Federal income tax withheld				
83-0575042				100110.99			31670.32				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Ross Inc Ltd					91111.33			6970.02			
21506 Jennifer Via South Brettport CA 30933-5105				5 Medicare wages and tips 119784.73			6 Medicare tax withheld 3473.76				
										7 Social security tips	
									91111.33		
d Control number				9 Advance EIC payment			10 Dependent care benefits				
4152537							214				
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
Andrea Reilly			280			5732					
			13 Sta			12b	i				
1899 Christine Run				employee plan sick pay			E 746				
West Keith KS 46905-3986				14 Other (see enclosed Notice to Employee)			12c				
1000 101011 110 1000 0000						I	314				
						-	12d	10			
								247			
	oyee's address and ZIP co		140 00-1	17 State income tax		I do I and I am for all	40.1	ocal incom		Too 1	
15 State	Employer's state ID n		16 State wages, tips, etc.			18 Local wages, tips, etc.				20 Locality name	
CT	525-31	L-307	53530.28	4647.35		74367.73	14	350.0	J 9	Gabriel Port	
IN	609-90)-392	53334.38	4745.76		105389.56	18	066.	63	Jacob Fields	

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

