| RI | EISSUED | a Employee's socia | • | | | Safe | e, Accurate, | e D | z GHI | | Visit the | IRS Website | | |
|--|---------------------------|--------------------|----------------------------|--------------------------------|-----------|--|---------------|------------|-----------|---------------------------------|------------------|------------------|--|--|
| ST | ATEMENT | 28 | 37-52-4840 | OMB N | o. 1545-0 | 008 FAS | T! Use | G | | 9 | at www.ii | rs.gov/efile. | | |
| b Employe | er identification number | 1 | | 2 F | ederal | income tax | withheld | | | | | | | |
| 5 | 6-8385016 | 241007.48 | | | | 59699.41 | | | | | | | | |
| c Employe | er's name, address, and Z | 3 | | 4 Social security tax withheld | | | | | | | | | | |
| R | Ramirez-Moo | 224603.27 | | | | 17182.15 | | | | | | | | |
| 246 Arthur Passage Suite 727 Smithchester NC 65414-7008 | | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | |
| | | | | | | 254853.37 | | | | 7390.75 | | | | |
| | | | | | | 7 Social security tips 224603.27 | | | | | 8 Allocated tips | | | |
| | | | | 254853.37 | | | | | | | | | | |
| d Control number | | | | | | 9 Advance EIC payment 10 Dependent care benefits | | | | | | enefits | | |
| 3603736 | | | | | | | | | | | 252 | | | |
| e Employee's first name and initial Last name | | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | |
| David Wilson | | | | | | 148 | | | | D 8264 | | | | |
| | | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | | | | | |
| 7274 Danielle Point Apt. 315 | | | | | | X X | | | | | 287 | | | |
| Chelsealand AL 03155-1409 | | | | | | 14 Other (see enclosed Notice to Employee) | | | | i | | | | |
| | | | | | | | | | G 101 | | | | | |
| | | | | | | | | | 12d | | | | | |
| | | | | | | | | | | G | 818 | | | |
| f Employe | ee's address and ZIP code | 9 | | | | | | - | | | | | | |
| 15 State | Employer's state ID nur | | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wage | s, tips, etc. | 19 Lo | ocal inco | me tax | | 20 Locality name | | |
| PA | 645-75 | -127 | 112595.1 | 11186.69 | | 297527 | . 27 | 380 | 025. | 91 | | Devin Square | | |
| TN | 214-75 | -113 | 117889.19 | 12780.0 | | 230623 | . 52 | 32 | 794. | 38 | | Garcia Port | | |

Wage and Tax Statement

Form W-2

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 | 2 | 87-52-4840 |) | OMB No | 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 | | | | | | | 1 Wages, tips, other compensation | | | | | 2 Federal income tax withheld | | | | |
| 56-8385016 | | | | | | | 241007.48 | | | | 59699.41 | | | | | |
| c Employer's name, address, and ZIP code | | | | | | | 3 Social security wages | | | | | 4 Social security tax withheld | | | | |
| Ramirez-Moon Group | | | | | | | 224603.27 | | | | 17182.15 | | | | | |
| 246 Arthur Passage Suite 727 | | | | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| | | | | | | 254853.37 | | | | | 7390.75 | | | | | |
| Smithchester NC 65414-7008 | | | | | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| | | | | | | | | 224603.27 | | | | 254853.37 | | | | |
| d Control number | | | | | | | 9 Advance EIC payment | | | | | 10 Dependent care benefits | | | | |
| 3603736 | | | | | | | | | | | | 252 | | | | |
| e Employee's first name and initial Last name | | | | | | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | | | |
| David Wilson 7274 Danielle Point Apt. 315 Chelsealand AL 03155-1409 | | | | | | 148 | | | | | D 8264 | | | | | |
| | | | | | | 13 Statutory Retirement Third-party employee X X X Sick pay 14 Other (see enclosed Notice to Employee) | | | | | 12b | | | | | |
| | | | | | | | | | | | | 287 | | | | |
| | | | | | | | | | | (ee) | 12c | | | | | |
| | | | | | | | | | | ,00, | | | | | | |
| | | | | | | | | | | | | G | 101 | | | |
| | | | | | | | | | | | 12d | ĺ | ı | | | |
| | | | | | | | | | | | | G | 818 | | | |
| f Emplo | yee's address and ZIP cod | de | | | | | | | | - | | | | | | |
| 15 State | Employer's state ID no | umber | 16 State wages, tip | s, etc. | 17 State income tax | | 18 Loc | al wages, tip | s, etc. | 19 L | ocal inco | me tax | | 20 Locality name | | |
| PA | 645-75 | 5-127 | 112595.1 | | 11186.69 | | 297527.27 38 | | | 38 | 88025.91 | | | Devin Square | | |
| TN | 214-75 | 5-113 | 117889.1 | 9 | 12780.0 | | 230 | 623.5 | 2 | 32 | 794. | 38 | | Garcia Port | | |

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

