REISSUE		cial security number			Safe, Acc	ATIES A	vii		he IRS Website		
STATEME	NT 1	.29-77-9655	OMB No	o. 1545-00	008 FAST! Us	e		at ww	w.irs.gov/efile.		
<b>b</b> Employer identification number				1 Wages, tips, other compensation			2	2 Federal income tax withheld			
21-8919264					42091.41		14349.02				
c Employer's name, address, and ZIP code				3 8	Social security wages		4 Social security tax withheld				
Morrison-Trevino LLC					37872.11		2897.22				
12268 Timothy Greens Suite 974 Abigailhaven TN 85358-1264				5 Medicare wages and tips			6				
				<b>44747.35</b> 7 Social security tips				1297 . 67  8 Allocated tips			
110194111141611 111 00000 1201				* '			· ·				
				37872.11  9 Advance EIC payment			44747.35  10 Dependent care benefits				
d Control number				9 A	divance EIC payment		10	•			
1539078							207				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				293			P 4397				
Brian Ramirez				13 Statutory Retirement Third-party employee plan sick pay			12b	i			
1014 Harmon Springs Suite 181				етрюуее ріап зіск рау				G 702			
Port Mary ID 12485-6339				14 (	Other (see enclosed Noti	ce to Employee)	12c	i			
Tore mary 1D 12403 0339							D 224				
							12d				
								389			
f Employee's address	d 7ID d-							303			
1 . 7	s state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc. 19	Docal inco	me tax	20 Locality name		
AR (	20-61-425	22379.46	2457.31		34368.47 5		5255.65		Lucas Mountain		
MA (	566-52-511	22921.02	1909.57		34058.91	6	972.1	.9	Peters Gateway		

Wage and Tax

Form W-2 Statement

5010

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	•		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	1:	29-77-9655	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				Wages, tips, other compensation			Federal income tax withheld					
21-8919264					42091.41			14349.02				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Morrison-Trevino LLC					37872.11			2897.22				
12268 Timothy Greens Suite 974				5 Medicare wages and tips			6 Medicare tax withheld					
	Abigailhaven TN 85358-1264					44747.35			1297.67			
						7 Social security tips			8 Allocated tips			
					37872.11			44747.35				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1539078								207			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
				293				P 4397				
Brian Ramirez			13 Statutory Retirement Third-party			12b						
1014 Harmon Springs Suite 181				employee plan sick pay				G	702			
Port Mary ID 12485-6339					14 Other (see enclosed Notice to Employee)			12c	i			
1010 1001							D	224				
							-	12d	L			
								389				
	yee's address and ZIP co		T	T		T					1	
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal inco			20 Locality name	
AR	020-61	L-425	22379.46	2457.31		34368.47	52.	55.6	55		Lucas Mountain	
MA	666-52	2-511	22921.02	1909.57		34058.91	69	72.1	L <b>9</b>		Peters Gateway	

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

