REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					IRS Website		
STATEMENT 484-19-2154	OMB No	o. 1545-00	008 FAST! Use	<u></u>	"file	at www.ii	rs.gov/efile.		
b Employer identification number		1 V	Vages, tips, other compensation		2 Federa	l income tax	withheld		
02-7956105			44130.88			15740.55			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
Romero-Myers and Sons			47144.52			3606.56			
6886 Smith Lake Suite 086 North Michelle SD 01898-4391			5 Medicare wages and tips			6 Medicare tax withheld			
			44724.75		1297.02 8 Allocated tips				
			Social security tips						
			47144.52			4472			
d Control number			9 Advance EIC payment 10			Dependent care benefits			
6137678						147			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
Samuel Larsen			175			8248			
			13 Statutory Retirement Third-party employee plan sick pay			ı			
4741 Mayer Underpass			x			859			
Leroyville MS 67037-2931		14 (Other (see enclosed Notice to Employ	/ee)	12c	i			
Heroyviile Mb 07037 2331						837			
						12d			
						159			
f Employee's address and ZIP code				F		139			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	!	18 Local wages, tips, etc.	19 L	ocal income tax	:	20 Locality name		
OK 390-46-612 22947.64	2625.13		42761.43	73	10.75		Tiffany Ramp		
NJ 611-43-668 20213.79	2679.35		50861.56	68	74.1		Fernandez Isle		

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.

REISSU	IED i	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
			84-19-2154	OMB N	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
STATEN b. Employer identifie		- 70	54-19-2154	05 11	this income is taxable and you fail to report it.						
b Employer identification number											
02-7956105				44130.88			15740.55				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Romero-Myers and Sons				47144.52			3606.56				
6886 Smith Lake Suite 086 North Michelle SD 01898-4391				5 Medicare wages and tips			6 Medicare tax withheld				
				44724.75			1297.02				
				7 Social security tips			8 Allocated tips				
					47144.52			44724.75			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
6137678							147				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Samuel Larsen			175			8248					
			13 State	tory Retirement Third-party		12b					
4741 Mayer Underpass				emp	oyee plan sick pay			859			
4741 Mayer Underpass								659			
Leroyville MS 67037-2931				14 Other (see enclosed Notice to Employee)			12c				
_			837								
							12d				
							150				
							159				
f Employee's addre			I 40 Otataaaaa tiina ata	17 State income tax		40 Landurana tina ata	40	Local income tax		20. 1!:t	
	yer's state ID nun		16 State wages, tips, etc.			10 =000 Hages, aps, 000				20 Locality name	
OK	390-46	-612	22947.64	2625.13		42761.43		7310.75		Tiffany Ramp	
NJ	611-43	-668	20213.79	2679.35		50861.56 68		6874.1		Fernandez Isle	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

