F	REISSUED	a Employee's socia	I security number			;	Safe, Accurate,	Re 🖸		Visit the	RS Website		
S	<b>TATEMENT</b>	50	3-12-1052	OMB N	o. 1545-0	008 <b>I</b>	FAST! Use	J	≁file	at www.	irs.gov/efile.		
<b>b</b> Employer identification number					1 '	1 Wages, tips, other compensation				Federal income tax withheld			
50-2702404						210648.27				61684.43			
<b>c</b> Emplo	yer's name, address, and 2	ZIP code			3 Social security wages				4 Social security tax withheld				
Bauer, Kelly and Melendez Ltd					244905.4				18735.26				
202 Ashley Mount					5 Medicare wages and tips				6 Medicare tax withheld				
	Lake Dakotaville ID 84340-2256					199866.38				5796.13			
	Lake Dakota	ATTTE	10 04340-2230		7 Social security tips				8 Allocated tips				
					244905.4				199866.38				
d Control number					9 Advance EIC payment				10 Dependent care benefits				
1792482										184			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
						136			Р 3893				
Michelle Rasmussen 517 Delgado Forest Cummingsfort MI 59344-2810					13 Statutory Retirement Third-party employee plan sick pay			12b					
					X Sick Day  14 Other (see enclosed Notice to Employee)					139			
									12c	1			
									E	361			
								12d					
										509			
f Emplo	vee's address and ZIP cod	e						-		1000			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	l.	18 Local v	vages, tips, etc.	19 L	ocal income	e tax	20 Locality name		
NC	226-40	-502	99521.63	9230.9		16023	32.97	35	091.8	1	Patterson Alley		
LA	765-42	-176	97630.16	11155.41		2722	43.34	41	289.6	1	Clark Street		

Wage and Tax Statement

Form W-2

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 socia	I security number			This information is being furnis	hed to	the Interr	nal Revenue S	ervice. If you are required	
	TATEMENT	50	3-12-1052	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 Employer identification number					Wages, tips, other compensation			2 Federal income tax withheld			
50-2702404					210648.27			61684.43			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Bauer, Kelly and Melendez Ltd					244905.4			18735.26			
202 Ashley Mount Lake Dakotaville ID 84340-2256					5 N	ledicare wages and tips	6 Medicare tax withheld				
						199866.38	5796.13				
					7 8	ocial security tips	8 Allocated tips				
					244905.4			199866.38			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
1792482								184			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
					136			P 3893			
	Michelle Rasmussen 517 Delgado Forest				13 Statutory Retirement Third-party			12b			
					employee plan sick pay  X  Other (see enclosed Notice to Employee)				139		
								12c			
	Cummingsfort MI 59344-2810					THE Carlet (See enclosed Notice to Employee)					
									E 361		
								12d	1		
								509			
f Employee's address and ZIP code											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		9 Local income tax		20 Locality name	
NC	226-40	-502	99521.63	9230.9	160232.97		35	35091.81		Patterson Alley	
LA	765-42	-176	97630.16	11155.41		272243.34	41	289.	61	Clark Street	

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

