d Control number 2962138 9 Advance EIC payment 10 Dependent care benefits 285	ile.		
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c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld Ramos, Powers and Newman PLC 53648.84 4104.14 574 Stanton Wall 5 Medicare wages and tips 6 Medicare tax withheld 54693.28 1586.11 7 Social security tips 8 Allocated tips 53648.84 54693.28 d Control number 9 Advance EIC payment 10 Dependent care benefits 2962138 285			
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a Employed's first name and initial Last name			
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Parid Walas E 9270	E 9270		
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57517 Gerald River Suite 625	D 821		
West Veronicashire KS 28667-6			
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333			
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, etc. 19 Local income tax 20 Local wages, tips, etc.	ality name		
117 66 004 04000 71 1075 17 51547 77 5701 00	anty Hallie		
TX 117-66-234 24323.71 1875.17 51547.77 5731.29 Harr	1		
GA 220-43-383 22797.51 1702.29 35062.56 6262.9 Brown.	son 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.

REISSUED	a Employee's soc	cial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	3	374-68-1723	OME	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 \	1 Wages, tips, other compensation			Federal income tax withheld		
38-4991487					45906.68			7760.3		
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld		
Ramos, Powers and Newman PLC					53648.84			4104.14		
574 Stanton Wall West Michelleberg IA 89070-8922				5 N	5 Medicare wages and tips			6 Medicare tax withheld		
					54693.28			1586.11		
				7 Social security tips			8 Allocated tips			
					53648.84			54693.28		
d Control number				9 A	9 Advance EIC payment			10 Dependent care benefits		
2962138								285		
e Employee's first name and initial Last name			11 N	11 Nonqualified plans			12a See instructions for box 12			
				174			E 9270			
David Velez				13 Statu	13 Statutory Retirement Third-party			12b		
57517 Gerald River Suite 625				empl	oyee plan sick pay		D	821		
57517 Gerard River Suite 025			14 (Other (see enclosed Notice to Employ	>	12c	021			
West Veronicashire KS 28667-6			14	other (see enclosed Notice to Employ	ee)	120				
						D	533			
							12d	1		
								333		
f Employee's address and ZIP code								II.		
15 State Employer's state	D number	16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips, etc.	19 Lo	ocal income ta:	(20 Locality name	
TX 117-	66-234	24323.71	1875.17		51547.77	573	31.29		Harrison Port	
GA 220-	43-383	22797.51	1702.29		35062.56	626	62.9		Browning Station	

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

