REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS Website							
STATEMENT	428-96-3383	OMB N	o. 1545-00	008 FAST!	Use	$\mathcal{G}^{\mathscr{N}}$ I	le	at www.ii	rs.gov/efile.		
<b>b</b> Employer identification number			1 V	Vages, tips, other cor	npensation	2	Federa	l income tax	withheld		
73-7665027				191560.62				46561.73			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Johnson-Ramirez PLC				207856.91				15901.05			
8552 Gloria Fork				5 Medicare wages and tips				6 Medicare tax withheld			
				219889.81				6376.8			
East Mariahview NM 31304-7749				7 Social security tips				8 Allocated tips			
				207856.9					89.81		
d Control number			9 A	Advance EIC payment	t	10	Depend	dent care be	enefits		
8872312							154				
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
				205			P 9228				
Troy Cruz				tory Retirement oyee plan	Third-party sick pay	12b					
1191 Ashle	empi	oyee pian	X SICK Pay		G	911					
Karenshire MO 08942-5450				14 Other (see enclosed Notice to Employee)							
								480			
							E 480				
							_				
							P	751			
f Employee's address and ZIP code  15 State Employer's state ID num		17 State income tax		18 Local wages, tip	is etc	19 Local in	come tax		20 Locality	name	
DE 517-62	9	10828.12		177922.1		25982		•	Mcquire		
317 02	323 32000.33	10020.12			<u> </u>				ricguire	riats	
SC 241-97	-325 99851.36	6683.53		235072.1	9	30446	.15		Joseph	Road	

Wage and Tax

5070

Department of the Treasury--Internal Revenue Service

Form W-2 **Statement**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	4:	28-96-3383	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.						
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld			
73-7665027					191560.62			46561.73			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Johnson-Ramirez PLC					207856.91			15901.05			
8552 Gloria Fork				5 Medicare wages and tips 219889.81			6 Medicare tax withheld 6376.8				
East Mariahview NM 31304-7749											
					7 Social security tips			8 Allocated tips			
					207856.91			219889.81			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
8872312								154			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				205			P 9228				
Troy Cruz					13 Sta			12b		ı	
1191 Ashley Passage					ell	ployee plan sick pay			G	911	
Karenshire MO 08942-5450				14 Other (see enclosed Notice to Employee)			12c		i		
								E	480		
							12d		100		
								P 751			
								P	751		
15 State	eyee's address and ZIP coo Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inco	me tax		20 Locality name
DE.	517-62		92080.93	10828.12		3, , , , , ,		25982.53			
DE		323	92000.93	10020.12			25	, JUZ .	J.J		Mcguire Flats
sc	241-97	241-97-325 99851.36 6683.53		235072.19		30	30446.15			Joseph Road	

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

