REI	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							
STAT	TEMENT	4 6	69-64-5998	OMB N	o. 1545-0	DOS FAST! U	Jse 🗨	5~Y IL	le)	at www.i	rs.gov/efile.	
b Employer io	dentification number			•	1 Wages, tips, other compensation				2 Federal income tax withheld			
84-2184360					208495.7				72998.89			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Ramos PLC PLC					187451.76				14340.06			
195 Greer Route					5 Medicare wages and tips				6 Medicare tax withheld			
				161660.7				4688.16				
West Kyleburgh CO 59363-5634					7 Social security tips				8 Allocated tips			
					187451.76				161660.7			
	d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
1398756									241			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
				245				D 2448				
Gr	Grace Andrews				13 Statutory Retirement Third-party							
837 Rollins Ferry					employee plan sick pay				P	480		
	_				14 Other (see enclosed Notice to Employee)							
Gabrielview MO 89577-9495												
								646				
										Ì		
									D	857		
	s address and ZIP code											
	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax		18 Local wages, tip	.,	19 Local in			20 Locality name	
ID	605-84	-497	106006.94	11217.56		255197.4	3	31906	. 05		Robert Flats	
NY	429-97	-011	103811.02	9922.06		243230.3	7	25024	. 92		Powell Harbors	

Wage and Tax Statement 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	STATEMENT 469-64-5998 OMB No. 1545-0008 this income is taxable and you fail to report it.							. ,				
b Emplo	b Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
84-2184360					208495.7			72998.89				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Ramos PLC PLC					187451.76			14340.06				
195 Greer Route					5 Medicare wages and tips			6 Medicare tax withheld				
						161660.7	4688.16					
	West Kyleburgh CO 59363-5634					7 Social security tips			8 Allocated tips			
					187451.76			161660.7				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	1398756								241			
e Emplo	yee's first name and initia	Last nam	е		11 Nonqualified plans			12a See instructions for box 12				
Grace Andrews				245			D 2448					
	837 Rollins Ferry Gabrielview MO 89577-9495					13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			l			
									P 480			
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	Gabilelview Mo 05577 5455							646				
								12d	1			
								D	D 857			
f Employee's address and ZIP code						Train	1.0			Lag t to		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		1.0		Local income tax		20 Locality name		
ID	605-84	4-497	106006.94	11217.56	255197.43 3		31	31906.05		Robert Flats		
NY	429-9	7-011	103811.02	9922.06		243230.37	25	024.92		Powell Harbors		

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

