REISSUED a Employee's social security number		Safe, Accurate,		IRS Website			
STATEMENT 695-55-3939	OMB No. 1545-000	8 FAST! Use	at www.i	rs.gov/efile.			
b Employer identification number	1 W	ages, tips, other compensation	2 Federal income ta:	x withheld			
21-7975065		101817.84	22399.78	22399.78			
c Employer's name, address, and ZIP code	3 So	cial security wages	4 Social security tax	4 Social security tax withheld			
Rose Inc PLC		103545.82	7921.26	7921.26			
5680 Evan Wells Apt. 981		edicare wages and tips					
New Jessicaside NM 62679-3279		109480.33		3174.93			
New Jessicaside NM 02079-3279		ocial security tips	8 Allocated tips	· ·			
		103545.82	1094	80.33			
d Control number	9 Ad	Ivance EIC payment	10 Dependent care be	enefits			
7225356		298					
e Employee's first name and initial Last name	11 No	onqualified plans	12a See instructions	for box 12			
		217	D 2614	D 2614			
Angela Burns		ry Retirement Third-party	12b				
815 Sanders Summit	employ	vee plan sick pay	P 170				
Mortonville SD 21984-1933	14 Ot	her (see enclosed Notice to Employ	ree) 12c				
MOTCONVILLE DD 21304 1333			479				
			12d				
			G 325				
f Employee's address and ZIP code			0 323				
1 3/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	te income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
WV 857-08-766 53598.18 200	9.5	121590.69	18079.81	Paul Pines			
KS 402-21-698 55869.15 299	7.08	130516.27	19987.97	Ford Ville			

Wage and Tax

Form W-2 Statement

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.

	REISSUED	a Employee's socia	•		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						
	TATEMENT	69	95-55-3939	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					
21-7975065			101817.84			22399.78					
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Rose Inc PLC				103545.82			7921.26				
5680 Evan Wells Apt. 981 New Jessicaside NM 62679-3279			5 Medicare wages and tips 109480.33			6 Medicare tax withheld 3174.93					
										7 Social security tips	
									103545.82		
d Contro	ol number				9	Advance EIC payment		10 Depend	lent care be	enefits	
	7225356								298		
e Employee's first name and initial Last name		11 Nonqualified plans			12a See instructions for box 12						
Angela Burns			217 13 Statutory Retirement Third-party employee plan sick pay			D 2614					
815 Sanders Summit			employee plan sick pay P 170								
Mortonville SD 21984-1933			14	Other (see enclosed Notice to Employ	/ee)	12c	1				
						479					
								12d			
								G	325		
	yee's address and ZIP coo		Transition in the	Transition in		Trans.	1.0			I	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Local	,
WV	857-08	3-766	53598.18	2009.5		121590.69	18	079.81		Paul	Pines
KS	402-21	L-698	55869.15	2997.08		130516.27	19	987.97		Ford	Ville

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

