R	REISSUED	a Employee's socia	•				Safe, Acc	urate,		H	Visit the	IRS Website	
ST	TATEMENT	16	59-52-1407	OMB N	lo. 1545-	8000	FAST! Us	e	G~I	ile	at www.i	rs.gov/efile.	
b Employer identification number						1 Wages, tips, other compensation				2 Federal income tax withheld			
41-3052139						230691.99				63087.75			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Rose Ltd Ltd						257603.81				19706.69			
695 Martinez Trail Suite 586					5 Medicare wages and tips				6				
Laurafurt WI 74846-4827					201181.63					5834.27			
	Laurafurt W1 /4646-462/					7 Social security tips				8 Allocated tips			
					257603.81				201181.63				
d Control number					9	9 Advance EIC payment			10	10 Dependent care benefits			
6161953										230			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
						261				G 4621			
	Renee Howard					13 Statutory Retirement Third-party							
41137 Adams Parkways Suite 509 Carterchester AR 30369-0496						employee plan sick pay X Other (see enclosed Notice to Employee)				E	142		
Carterchester Ak 30309 0490										P	360		
									12d	12d			
											951		
											931		
15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Loca	I wages, tips,	etc.	19 Local i	ncome ta	x	20 Locality name	
IN	005-02		113674.99	10886.33			12.28		2669			Elizabeth Valleys	
-												† -	
NM	743-09	-529	116695.11	12756.92		1988	26.02		2602	3.46		Knox Skyway	

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.

F	REISSUED a Employee's social security number					This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	16	59-52-1407	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 Emplo	b Employer identification number					Vages, tips, other compensation		2 Federal income tax withheld				
41-3052139						230691.99		63087.75				
c Employer's name, address, and ZIP code						Social security wages		4 Social security tax withheld				
Rose Ltd Ltd						257603.81		19706.69				
695 Martinez Trail Suite 586					5 N	Medicare wages and tips		6 Medicare tax withheld				
						201181.63		5834.27				
	Laurafurt WI 74846-4827					ocial security tips		8 Allocated tips				
						257603.81		201181.63				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	6161953								230			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
						261			G 4621			
	Renee Howard				13 Statu			12b				
	41137 Adams Parkways Suite 509					pyee plan sick pay		E	142			
Carterchester AR 30369-0496					14 (Other (see enclosed Notice to Employe	ee)	12c				
	Carceronescer in 50505 0450							P	360			
								12d				
									951			
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. 19		ocal income tax	20 Locality name			
IN	005-02	-834	113674.99	10886.33		297712.28	266	692.14		Elizabeth Valleys		
NM	743-09	-529	116695.11	12756.92		198826.02	260	028.46		Knox Skyway		

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

