

Copy B To Be Filed With Employee's  
FEDERAL Tax Return

OMB No.  
1545-0008

a Employee's social security number ***-**-2194		1 Wages, tips, other compensation \$ 83729.69		2 Federal income tax withheld \$ 19807.83	
b Employer's ID no. (EIN) 05-6000522		3 Social security wages \$ 88221.97		4 Social security tax withheld \$ 5469.83	
		5 Medicare wages and tips \$ 88221.97		6 Medicare tax withheld \$ 1279.22	
c Employer's name, address, and ZIP code STATE OF RHODE ISLAND OFFICE OF ACCOUNTS AND CONTROL ONE CAPITOL HILL PROVIDENCE, RI 02908-5883 TELEPHONE: (401)222-2673					
7 Social security tips \$		8 Allocated tips \$		9	
10 Dependent care benefits \$		11 Nonqualified plans \$		12a See instructions for box 12 DD \$ 7698.92	
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
14 Other PT DEDUCT 1622.98		12b \$		12c \$	
		12d \$		12e \$	
d Control number					
e Employee's first name and initial Last name Suff. KATHRYN M RAMSEY 00000-551010000-07 26 LINK LANE RICHMOND RI 02892					
f Employee's address and ZIP code					
15 State Employer's state ID Number RI 05-6000522		16 State wages, tips, etc. \$ 83729.69		17 State income tax \$ 3315.40	
18 Local wages, tips, etc. \$		19 Local income tax \$		20 Locality name \$	

Form **W-2** Wage and Tax Statement **2021**

Dept. of the Treasury - IRS  
05-6000522

This information is being furnished to the Internal Revenue Service

Copy 2 To Be Filed With Employee's State,  
City, or Local Income Tax Return

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Copy C For EMPLOYEE'S RECORDS  
(See Notice to Employee on the back of Copy B)

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05-6000522

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 this income is taxable and you fail to report it.