

Copy B To Be Filed With Employee's  
FEDERAL Tax ReturnOMB No.  
1545-0008

a Employee's social security number <b>434-69-0932</b>	1 Wages, tips, other compensation <b>\$ 80039.49</b>	2 Federal income tax withheld <b>\$ 12403.93</b>
b Employer's ID no. (EIN) <b>05-6000522</b>	3 Social security wages <b>\$ 84262.41</b>	4 Social security tax withheld <b>\$ 5224.19</b>
	5 Medicare wages and tips <b>\$ 84262.41</b>	6 Medicare tax withheld <b>\$ 1221.73</b>
c Employer's name, address, and ZIP code <b>STATE OF RHODE ISLAND OFFICE OF ACCOUNTS AND CONTROL ONE CAPITOL HILL PROVIDENCE, RI 02908-5883 TELEPHONE: (401)222-2673</b>		
7 Social security tips <b>\$</b>	8 Allocated tips <b>\$</b>	9 Verification code <b>DD</b>
10 Dependent care benefits <b>\$</b>	11 Nonqualified plans <b>\$</b>	12a See instructions for Box 12 <b>DD</b>
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14. Other <b>PT DEDUCT</b>	<b>929.05</b>	
d Control number		
e Employee's first name and initial Last name <b>MATTHEW M RAMSEY</b> <b>00000-551010000-07</b> Suff. <b>26 LINK LANE</b> <b>RICHMOND RI 02892</b>		
f Employee's address and ZIP code		
15 State <b>RI</b>	Employer's state ID Number <b>05-6000522</b>	16 State wages, tips, etc. <b>\$ 80039.49</b>
		17 State income tax <b>\$ 3169.14</b>
18 Local wages, tips, etc. <b>\$</b>	19 Local income tax <b>\$</b>	20 Locality name <b>\$</b>

Form **W-2 Wage and Tax Statement 2018**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 ReturnOMB No.  
1545-0008

a Employee's social security number <b>434-69-0932</b>	1 Wages, tips, other compensation <b>\$ 80039.49</b>	2 Federal income tax withheld <b>\$ 12403.93</b>
b Employer's ID no. <b>05-6000522</b>	3 Social security wages <b>\$ 84262.41</b>	4 Social security tax withheld <b>\$ 5224.19</b>
	5 Medicare wages and tips <b>\$ 84262.41</b>	6 Medicare tax withheld <b>\$ 1221.73</b>
c Employer's name, address, and ZIP code <b>STATE OF RHODE ISLAND OFFICE OF ACCOUNTS AND CONTROL ONE CAPITOL HILL PROVIDENCE, RI 02908-5883 TELEPHONE: (401)222-2673</b>		
7 Social security tips <b>\$</b>	8 Allocated tips <b>\$</b>	9 Verification code <b>DD</b>
10 Dependent care benefits <b>\$</b>	11 Nonqualified plans <b>\$</b>	12a See instructions for Box 12 <b>DD</b>
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14. Other <b>PT DEDUCT</b>	<b>929.05</b>	
d Control number		
e Employee's first name and initial Last name <b>MATTHEW M RAMSEY</b> <b>00000-551010000-07</b> Suff. <b>26 LINK LANE</b> <b>RICHMOND RI 02892</b>		
f Employee's address and ZIP code		
15 State <b>RI</b>	Employer's state ID Number <b>05-6000522</b>	16 State wages, tips, etc. <b>\$ 80039.49</b>
		17 State income tax <b>\$ 3169.14</b>
18 Local wages, tips, etc. <b>\$</b>	19 Local income tax <b>\$</b>	20 Locality name <b>\$</b>

Form **W-2 Wage and Tax Statement 2018**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 ReturnOMB No.  
1545-0008

a Employee's social security number <b>434-69-0932</b>	1 Wages, tips, other compensation <b>\$ 80039.49</b>	2 Federal income tax withheld <b>\$ 12403.93</b>
b Employer's ID no. <b>05-6000522</b>	3 Social security wages <b>\$ 84262.41</b>	4 Social security tax withheld <b>\$ 5224.19</b>
	5 Medicare wages and tips <b>\$ 84262.41</b>	6 Medicare tax withheld <b>\$ 1221.73</b>
c Employer's name, address, and ZIP code <b>STATE OF RHODE ISLAND OFFICE OF ACCOUNTS AND CONTROL ONE CAPITOL HILL PROVIDENCE, RI 02908-5883 TELEPHONE: (401)222-2673</b>		
7 Social security tips <b>\$</b>	8 Allocated tips <b>\$</b>	9 Verification code <b>DD</b>
10 Dependent care benefits <b>\$</b>	11 Nonqualified plans <b>\$</b>	12a See instructions for Box 12 <b>DD</b>
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14. Other <b>PT DEDUCT</b>	<b>929.05</b>	
d Control number		
e Employee's first name and initial Last name <b>MATTHEW M RAMSEY</b> <b>00000-551010000-07</b> Suff. <b>26 LINK LANE</b> <b>RICHMOND RI 02892</b>		
f Employee's address and ZIP code		
15 State <b>RI</b>	Employer's state ID Number <b>05-6000522</b>	16 State wages, tips, etc. <b>\$ 80039.49</b>
		17 State income tax <b>\$ 3169.14</b>
18 Local wages, tips, etc. <b>\$</b>	19 Local income tax <b>\$</b>	20 Locality name <b>\$</b>

Form **W-2 Wage and Tax Statement 2018**Dept. of the Treasury - IRS  
05-6000522

This information is being furnished to the Internal Revenue Service

## Copy C For EMPLOYEE'S RECORDS

(See Notice to Employee on the back of Copy B)

OMB No.  
1545-0008

a Employee's social security number <b>434-69-0932</b>	1 Wages, tips, other compensation <b>\$ 80039.49</b>	2 Federal income tax withheld <b>\$ 12403.93</b>
b Employer's ID no. <b>05-6000522</b>	3 Social security wages <b>\$ 84262.41</b>	4 Social security tax withheld <b>\$ 5224.19</b>
	5 Medicare wages and tips <b>\$ 84262.41</b>	6 Medicare tax withheld <b>\$ 1221.73</b>
c Employer's name, address, and ZIP code <b>STATE OF RHODE ISLAND OFFICE OF ACCOUNTS AND CONTROL ONE CAPITOL HILL PROVIDENCE, RI 02908-5883 TELEPHONE: (401)222-2673</b>		
7 Social security tips <b>\$</b>	8 Allocated tips <b>\$</b>	9 Verification code <b>DD</b>
10 Dependent care benefits <b>\$</b>	11 Nonqualified plans <b>\$</b>	12a See instructions for Box 12 <b>DD</b>
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14. Other <b>PT DEDUCT</b>	<b>929.05</b>	
d Control number		
e Employee's first name and initial Last name <b>MATTHEW M RAMSEY</b> <b>00000-551010000-07</b> Suff. <b>26 LINK LANE</b> <b>RICHMOND RI 02892</b>		
f Employee's address and ZIP code		
15 State <b>RI</b>	Employer's state ID Number <b>05-6000522</b>	16 State wages, tips, etc. <b>\$ 80039.49</b>
		17 State income tax <b>\$ 3169.14</b>
18 Local wages, tips, etc. <b>\$</b>	19 Local income tax <b>\$</b>	20 Locality name <b>\$</b>

Form **W-2 Wage and Tax Statement 2018**Dept. of the Treasury - IRS  
05-6000522This 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.