OMB# 1545-0008 COPY 2 - To Be Filed With		1 Wages, tips, other compensation 7384.60		2 Federal income tax withheld 626.84		
Employee's State, City, or Local Income Tax Return		3 Social security wages 7384.60		4 Social security tax withheld 457.85		
a Employee's social security number 874-51-5653		icare wages and tips 7384.60	6 Medicare tax withheld 107.08			
c Employer's name, address, and ZIF ASCENT BUILDINGS, LLC 21 WATERWAY AVE SUITE THE WOODLANDS TX 7734	E 300					
e Employee's name ALBERT THOMAS 2241 S STATE HIGHWAY 121 APT 126 LEWISVILLE TX 75067						
f Employee's address and ZIP code	9		12a	s		
b Employer identification number (EIN) 85-3014409	10 Dep	10 Dependent care benefits		s		
7 Social security tips	11 Nor	11 Nonqualified plans		\$		
8 Allocated tips	14 Othe	14 Other		\$		
13 Statutory Retiremen Third-party sick employee t plan pay				s		
15 State Employer's state ID num	ber	16 State wages, tips, etc.	17 State	e income tax		
18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service 874515653000476459						

OMB# 1545-0008 COPY 2 - To Be Filed With	I waye	1 Wages, tips, other compensation 7384.60		2 Federal income tax withheld 626.84		
Employee's State, City, or Local Income Tax Return		3 Social security wages 7384.60		4 Social security tax withheld 457.85		
a Employee's social security number 874-51-5653		care wages and lips 7384.60	6 Medicare tax withheld 107.08			
c Employer's name, address, and ZIF ASCENT BUILDINGS, LLC 21 WATERWAY AVE SUITE THE WOODLANDS TX 7738	E 300					
e Employee's name ALBERT THOMAS 2241 S STATE HIGHWAY 121 APT 126 LEWISVILLE TX 75067						
f Employee's address and ZIP code	9		1:	2a \$		
b Employer identification number (EIN) 85-3014409		10 Dependent care benefits		2b s		
7 Social security tips	11 Nor	11 Nonqualified plans		2c \$		
8 Allocated tips	14 Othe	4 Other		2d s		
13 Statutory Retirement Third-party sick employee plan pay				2e \$		
15 State Employer's state ID num	iber	r 16 State wages, tips, etc.		17 State income tax		
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service

OME# 1545-0008 COPY B - To Be Filed With Employee's FEDERAL Tax Return. I This information is being furnished to the Internal Revenue Service.		1 Wages, tips, other compensation 7384.60		2 Federal income tax withheld 626.84		
		3 Social security wages 7384.60		4 Social security tax withheld 457.85		
a Employee's social security number 874-51-5653		icare wages and tips 7384.60	6 Medicare tax withheld 107.08			
c Employer's name, address, and ZIP ASCENT BUILDINGS, LLC 21 WATERWAY AVE SUITE THE WOODLANDS TX 7738	300					
e Employee's name ALBERT THOMAS 2241 S STATE HIGHWAY 121 APT 126 LEWISVILLE TX 75067						
f Employee's address and ZIP code	9		12a See	instructions for box 12 \$		
		10 Dependent care benefits		\$		
7 Social security tips	11 No	11 Nonqualified plans		\$		
8 Allocated tips	14 Ot	14 Other		\$		
13 Statutory Retiremen Third-party sick employee t plan pay				\$		
15 State Employer's state ID num	State Employer's state ID number		17 State income tax			
18 Local wages, tips, etc.		19 Local income tax	20 Locality name			

	_					
RECORDS (See Notice to Employee on the back of Copy B.)		1 Wages, tips, other compensation 7384.60		2 Federal income tax withheld 626.84		
		3 Social security wages 7384.60		4 Social security tax withheld 457.85		
a Employee's social security number 874-51-5653		5 Medicare wages and tips 7384.60		6 Medicare tax withheld 107.08		
c Employer's name, address, and ZIP ASCENT BUILDINGS, LLC 21 WATERWAY AVE SUITE THE WOODLANDS TX 7736	300					
e Employee's name ALBERT THOMAS 2241 S STATE HIGHWAY 121 APT 126 LEWISVILLE TX 75067						
f Employee's address and ZIP code	9	9		nstructions for box 12 \$		
b Employer identification number (EIN) 85-3014409	10 De	10 Dependent care benefits		s		
7 Social security tips	11 No	11 Nonqualified plans		\$		
8 Allocated tips	14 Oth	14 Other		\$		
13 Statutory Retiremen Third-party sick employee t plan pay				\$		
15 State Employer's state ID num	ber 	16 State wages, lips, etc.	17 State	income tax		
18 Local wages, tips, etc.		19 Local income tax	20 Locality name			
Form W-2 Wage and Tax Statement 2020						

Form W-2 Wage and Tax Statement 2020 Department of the Treasury-Internal Revenue Service