REISSUED a Employee's social security number		Safe, Accurate,	SO A SILO	Visit the IRS Website		
STATEMENT 451-19-5712	OMB No. 1545-0	0008 FAST! Use	*E-ville	at www.irs.gov/efile.		
b Employer identification number	1	Wages, tips, other compensation	2 Federa	I income tax withheld		
42-5259698		154518.13	2191	21913.2		
c Employer's name, address, and ZIP code	3	Social security wages	4 Social s	4 Social security tax withheld		
Allen, Garcia and Rojas and Sons		185206.79	1416	14168.32		
4866 Parker River	5	Medicare wages and tips	6 Medica			
Thomasstad IN 91860-8668		124034.46		3597.0		
Inomassiad in 91000-0000	7	Social security tips	8 Allocate	8 Allocated tips		
		185206.79		124034.46		
d Control number	9	Advance EIC payment	10 Depend	10 Dependent care benefits		
3443455				130		
e Employee's first name and initial Last name	11	Nonqualified plans	12a See ins	12a See instructions for box 12		
		171		5684		
Christopher Adams	13 Sta		12b	ı		
28348 Bolton Freeway	X	ployee plan sick pay	P	P 946		
South Robert AK 34835-8666	14	Other (see enclosed Notice to Employ	yee) 12c	i		
				556		
			12d	12d		
			D	841		
f Employee's address and ZIP code						
15 State Employer's state ID number 16 State wages, tips, etc. 17 St	ate income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
MS 721-03-209 78749.7 845	8.72	111641.43	18136.52	Hicks Gardens		
IA 945-87-003 73192.7 743	36.33	163976.03	24857.42	Crystal Plaza		

Wage and Tax Statement 5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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 soci	al security number								ice. If you are required	
STATEMENT	4.	51-19-5712	OMB	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 Employer identification number			1 V	Wages, tips, other compensation			2 Federal income tax withheld				
42-5259698				154518.13			21913.2				
c Employer's name, address, and ZIP code			3 8	3 Social security wages			4 Social security tax withheld				
Allen, Garcia and Rojas and Sons				185206.79			14168.32				
4866 Parker River			5 N	ger and apr			6 Medicare tax withheld				
Thomasstad IN 91860-8668				124034.46			3597.0				
			7 5	7 Social security tips			8 Allocated tips				
				185206.79			124034.46				
d Control number			9 A	9 Advance EIC payment			10 Dependent care benefits				
3443455							130				
e Employee's first name and initial Last name		11 N	11 Nonqualified plans			12a See instructions for box 12					
			171			5684					
Christopher Adams			13 Statu		Third-party	12b					
28348 Bolton Freeway			X	employee plan sick pay			P 946				
South Robert AK 34835-8666			14 (14 Other (see enclosed Notice to Employee)			12c				
							556				
			12d								
								D	841		
6 Familia de la 1800 de 1870	5 I.							ט	041		
f Employee's address and Z 15 State Employer's state		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, tips,	etc. 1	19 Local inc	ome tax		20 Locality name	
	03-209	78749.7	8458.72		111641.43		18136			Hicks Gardens	
			 								
IA 945	87-003	73192.7	7436.33		163976.03	2	24857	. 42		Crystal Plaza	

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

