NE	465-57-		97225.33	12257.19		127577.29		28591			Morrison Lakes	
ND	192-05-		81584.44	9230.4		160079.23		33376		i.A	Webb Mount	
f Emplo 15 State	yee's address and ZIP code Employer's state ID num	her	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips,	etc	19 Local inc	nome to	ıv	20 Locality name	
								120		743		
								12d		125		
Ashley Conner 62289 Walker Canyon Wilsonville HI 86853-2475						14 Other (see enclosed Notice to Employee)				ı		
						employee plan sick pay			P 134			
						13 Statutory Retirement Third-party				1		
					255				P 6660			
e Employee's first name and initial Last name					11 Nonqualified plans			12a				
9330546					3 ^	avance LIO payment		'`	Debei	125	51101110	
d Control number					216713.21 9 Advance EIC payment			10	182688.68 10 Dependent care benefits			
Lake Jessicamouch VI 25054-5655						7 Social security tips			8 Allocated tips			
Lake Jessicamouth VT 25034-5853						182688.68			5297.97			
6608 Carlos Port						5 Medicare wages and tips			6 Medicare tax withheld			
Garcia LLC PLC					216713.21			1	16578.56			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
21-3697993					176814.9				40586.14			
	STATEMENT 718-39-6758 OMB N b Employer identification number				1 Wages, tips, other compensation				at www.mo.gov/onio.			
	REISSUED a	Employee's social	security number 8-39-6758	OMB N	o. 1545-00	Safe, Acc	1775	e~fi	e		IRS Website	

Wage and Tax

Form W-2 Statement

5010

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.

REISSUED a Employee's social security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT 718-39-675	8 OMB N	IB 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 Wages, tips, other compensation	2 Federal income tax withheld					
21-3697993		176814.9	40586.14					
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld					
Garcia LLC PLC		216713.21	16578.56					
6608 Carlos Port		5 Medicare wages and tips	6 Medicare tax withheld					
		182688.68	5297.97					
Lake Jessicamouth VT 2503	34-5853	7 Social security tips	8 Allocated tips					
		216713.21	182688.68					
d Control number		9 Advance EIC payment	10 Dependent care benefits					
9330546			125					
e Employee's first name and initial Last name		11 Nonqualified plans	12a See instructions for box 12					
		255	P 6660					
Ashley Conner		13 Statutory Retirement Third-party	12b					
62289 Walker Canyon		employee plan sick pay	P 134					
Wilsonville HI 868	353-2475	14 Other (see enclosed Notice to Employee	e) 12c					
			125					
			12d					
			743					
f. Fundamental Albaman 1710 and			/43					
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tip	os, etc. 17 State income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name					
ND 192-05-423 81584.44	9230.4	160079.23	Webb Mount					
NE 465-57-187 97225.33	12257.19	127577.29	28591.48 Morrison Lakes					
112 100 07 107 17220.00	12257.15	12/3//.23	morrison takes					

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

