b Employer identification number 1 Wages, tips, other compensation 2 Federal incom				
1,7,1				
20-3730548 77706.78 15668.3	2			
	15668.33			
c Employer's name, address, and ZIP code 3 Social security wages 4 Social security	4 Social security tax withheld			
	4503.16			
50097 Melissa Throughway 5 Medicare wages and tips 6 Medicare tax v	6 Medicare tax withheld			
62945.52	1825.42			
East Derekchester MA 71680-6618 7 Social security tips 8 Allocated tips	8 Allocated tips			
	62945.52			
d Control number 9 Advance EIC payment 10 Dependent ca	10 Dependent care benefits			
2689442	9			
e Employee's first name and initial Last name 11 Nonqualified plans 12a See instruction	12a See instructions for box 12			
182	1289			
Breanna Hooper 13 Statutory Retirement Third-party 12b				
15969 Compton Stream E 559	5			
New Nicholas NJ 25983-7763				
D 925	5			
	12d			
	3			
f Employee's address and ZIP code	Log I III			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax	20 Locality name			
NE 943-69-574 38799.95 1985.2 99114.9 12581.16	Sarah Knoll			
TN 297-32-070 42027.3 1946.4 60604.88 9655.37	Ryan Ports			

Wage and Tax

Form W-2 Statement

5070

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.

F	REISSUED	a Employee's socia	•		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							
	TATEMENT	62	26-36-6194	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
b Employer identification number				1	1 Wages, tips, other compensation			Federal income tax withheld				
20-3730548				77706.78			15668.33					
c Employer's name, address, and ZIP code				3	3 Social security wages			4 Social security tax withheld				
Garcia, Sheppard and Boyer Group				58864.9			4503.16					
50097 Melissa Throughway East Derekchester MA 71680-6618				5	Medicare wages and tips		6 Medicare tax withheld					
				62945.52			1825.42					
				7 Social security tips			8 Allocated tips					
						58864.9			6294	5.52		
d Control number				9	Advance EIC payment		10 Dependent care benefits					
2689442								109				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Breanna Hooper 15969 Compton Stream New Nicholas NJ 25983-7763				182 13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			1289					
							12b	1				
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1.6.1.1.2.1.5.2.1.5			D				D 925					
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	oyee's address and ZIP co		T	1		T				T		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax	(20 Localit	y name	
NE	943-69	9-574	38799.95	1985.2		99114.9	125	581.16		Sarah	Knoll	
TN	297-32	2-070	42027.3	1946.4		60604.88	965	55.37		Ryan	Ports	

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

