REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS						IRS Webs	site			
STATEMENT	48	4-56-1868	OMB N	o. 1545-	8000	FAST! Us	e 🔍		IE	at www.i	rs.gov/efile	Э.		
<b>b</b> Employer identification number				1	Wages, tip	s, other compe	nsation	2	Federa	l income tax	withheld			
84-1326365						202028.66				73273.34				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld					
Harmon-Gomez LLC					185653.93				14202.53					
56739 Vargas Hills				5 Medicare wages and tips				6						
Grantmouth MA 58942-5202				150795.07 7 Social security tips					4373.06 8 Allocated tips					
								8						
						185653.93				150795.07				
d Control number					Advance E	EIC payment		10	Depend	dent care be	enefits			
2069496									163					
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12					
				225					н 5752					
Jared Harvey 4012 Warren Brook Jeffreyport IL 95251-7271					13 Statutory Retirement Third-party employee plan sick pay					i .				
					Single State Day					246				
					14 Other (see enclosed Notice to Employee)					1				
									D	428				
									12d					
									D	912				
f Employee's address and ZIP coo	lo.							-		912				
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	ļ	18 Loc	al wages, tips, e	etc.	19 Local in	come tax	(	20 Localit	y name		
WY 564-93	3-517	106594.9	5372.37		142	189.81		32695	.48		Eric	Locks		
WI 481-14	-714	105145.07	6539.53		163	233.13		34575	. 32		Chad	Row		

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.

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								
S	TATEMENT	48	34-56-1868	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.								
b Employer identification number				1 Wages, tips, other compensation				Federal income tax withheld					
84-1326365							73273.34						
c Employer's name, address, and ZIP code					3 5	4 Social security tax withheld							
Harmon-Gomez LLC						14202.53							
56739 Vargas Hills Grantmouth MA 58942-5202					5 Medicare wages and tips				6 Medicare tax withheld				
						4373.06							
					7 Social security tips				8 Allocated tips				
					185653.93				150795.07				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	2069496								163				
e Employee's first name and initial Last name					11 Nonqualified plans 12a See instruction					tructions f	or box 12		
7				225			н 5752						
Jared Harvey					13 Statutory Retirement Third-party employee plan sick pay				ı				
4012 Warren Brook					Sick pay				P	246			
Jeffreyport IL 95251-7271					14 Other (see enclosed Notice to Employee)								
								D	428				
						•	12d						
									D	912			
f Employee's address and ZIP code													
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	_ocal inco	ome tax		20 Locality name		
WY	564-93	3-517	106594.9	5372.37		142189.81	32	695.	48		Eric Locks		
WI	481-14	1-714	105145.07	6539.53		163233.13	34	575.	32		Chad Row		

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

