REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website						
STATEMENT 599-30-5714	OMB N	o. 1545-0008	FAST! Use		*file	at www.irs.gov/efile.		
b Employer identification number		1 Wa	ges, tips, other compensat	tion	2 Federa	I income tax withheld		
39-3342407	171891.22			60726.56				
c Employer's name, address, and ZIP code		3 Soc	ial security wages		4 Social s	security tax withheld		
Garcia-Lee LLC			144280.89			11037.49		
62418 Aguirre Lock Alvaradoburgh MA 46845-4215			dicare wages and tips		6 Medicare tax withheld			
			20744.75		3501.6			
			7 Social security tips			8 Allocated tips		
			44280.89			120744.75		
d Control number		9 Adv	ance EIC payment		10 Depend	dent care benefits		
5673450						273		
e Employee's first name and initial Last name		11 Non	nqualified plans		12a See ins	structions for box 12		
Curtis Walker		2	262		G	5166		
Curtis walker		13 Statutory employe		nird-party ck pay	12b			
0098 Morse Corner Suite 876			pian sk	у рау	D	110		
Paulstad MT 81575-8657			14 Other (see enclosed Notice to Employee)			i		
					D	877		
					12d	<u> </u>		
						545		
f Employee's address and ZIP code								
15 State Employer's state ID number 16 State wages, tips, etc.			8 Local wages, tips, etc.	-	Local income tax	20 Locality name		
OK 870-70-914 86250.99	6689.39	1	30159.61	25	211.92	Rebecca Spring		
IN 162-42-535 87642.89	4797.39	1	.59514.65	21	.653.35	Figueroa Loop		

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	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	59	99-30-5714	OMB N	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 Wages, tips, other compensation			2 Federal income tax withheld						
39-3342407				171891.22			60726.56					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Garcia-Lee LLC				144280.89			11037.49					
62418 Aguirre Lock Alvaradoburgh MA 46845-4215				5 Medicare wages and tips 120744.75			6 Medicare tax withheld 3501.6					
										7 Social security tips		
				144280.89			120744.75					
				d Contro	ol number				9	Advance EIC payment		10 De
	5673450								273			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Curtis Walker			262			G 5166						
			13 Stat			12b						
0098 Morse Corner Suite 876			emp	oloyee plan sick pay		Ι	110					
Paulstad MT 81575-8657			14 Other (see enclosed Notice to Employee)			12c						
						Γ	877					
							-	12d	011			
								120				
						545						
	oyee's address and ZIP coo		140 00000000000000000000000000000000000	147 00-1-1-1-1-1		140 1	140			Loo Landina		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal incom		20 Locality name		
OK	870-70)-914	86250.99	6689.39		130159.61	25	211.9) 2	Rebecca Spring		
IN	162-42	2-535	87642.89	4797.39		159514.65	21	653.3	35	Figueroa Loop		

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

