REISSUED a Employee's social security number				Safe, Accurate,				Visit the IRS Website		
STATEMENT	788-07-0578	OMB N	o. 1545-00	DOS FAST	! Use		file .	at www.i	rs.gov/efile.	
b Employer identification number			1 Wages, tips, other compensation				Federal income tax withheld			
06-7127657			114841.7				36572.06			
c Employer's name, address, and ZIP code			3 Social security wages				4 Social security tax withheld			
Garcia, Cruz and Mendoza Group			134874.55				10317.9			
857 Robinson Rue Apt. 540 Frankstad UT 31846-6996			5 Medicare wages and tips				6 Medicare tax withheld			
			95458.83				2768.31			
Frankstad UT 31846-0996			7 Social security tips				8 Allocated tips			
				134874.55			95458.83			
d Control number			9 Advance EIC payment				10 Dependent care benefits			
9399952							208			
e Employee's first name and initial Last name			11 Nonqualified plans				12a See instructions for box 12			
Anthony Johnson			174				P 3273			
			13 Statutory Retirement Third-party employee plan sick pay				12b	i		
995 Green Camp Suite 327							E	270		
West Carlosfort CT 71240-0456			14 Other (see enclosed Notice to Employee)			yee)	12c	i		
								292		
							12d			
							E	200		
f Employee's address and ZIP code								ı		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages,	tips, etc.	19 Lo	cal income ta	х	20 Locality name	
LA 736-86-477	62366.94	3284.83		101638.25		148	14832.0		Johnson Rue	
RI 499-08-839	55656.9	2753.52		122953.94 1		135	13501.94		Bright Route	

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.

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	78	38-07-0578	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.					
b Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld		
06-7127657					114841.7			36572.06		
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld		
Garcia, Cruz and Mendoza Group				134874.55			10317.9			
857 Robinson Rue Apt. 540				5 Medicare wages and tips 95458.83			6 Medicare tax withheld 2768.31			
Frankstad UT 31846-6996										
			7 Social security tips			8 Allocated tips				
						134874.55	95458.83			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
9399952							208			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Anthony Johnson			174 13 Statutory Retirement Third-party			12b	P 3273			
_				employee plan sick pay						
995 Green Camp Suite 327							E	270		
West Carlosfort CT 71240-0456			14 Other (see enclosed Notice to Employee)			12c				
							292			
							12d	ī		
							E	E 200		
	byee's address and ZIP coo		146 Ctata	17 State income tax		140	140	Local income		20 1 15
15 State	Employer's state ID no		16 State wages, tips, etc.			18 Local wages, tips, etc.				20 Locality name
LA	736-86)-4 ⁻ /-/	62366.94	3284.83		101638.25	14	4832.0		Johnson Rue
RI	499-08	3-839	55656.9	2753.52		122953.94	13	3501.9	4	Bright Route

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

