F	REISSUED	a Employee's socia	•				Safe, Accu	rate,	e~f		Visit the	IRS Website		
S	TATEMENT	71	.2-51-2636	OMB N	o. 1545-0	8000	FAST! Use	9	5 ~ II	16	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation				Federal income tax withheld				
63-6901003						202496.79				68258.47				
c Emplo	c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Cordova LLC Inc					231471.32					17707.56				
716 Cox Vista Apt. 882					5 Medicare wages and tips				6					
					217538.44					6308.61				
,	East Bobbyburgh NY 52883-2517					7 Social security tips				8 Allocated tips				
					231471.32					217538.44				
d Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits					
	3492951									263				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12					
					196				E 7639					
	Carla Guerra					13 Statutory Retirement Third-party								
95714 Adams Passage					employee plan sick pay						651			
	Tracyshire	. VA	07812-8428		14	Other (see	enclosed Notic	e to Employe	ee) 12c		1			
	-									P	692			
									12d		i .			
										G	696			
f Emplo	yee's address and ZIP cod	е									I.			
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	•	18 Loca	l wages, tips, e	tc.	19 Local in	come tax	(20 Locality name		
HI	855-99	-830	103883.01	3970.64		1957	55.26		22995	.33		Garrett Points		
TX	959-22	-417	109627.36	3168.46		1447	85.07		35641	. 66		Harrell Hills		

Wage and Tax

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 social security number This information is being furnished to the Internal Revenue Service. If you are re											
S.	TATEMENT	7	12-51-2636	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				
63-6901003					202496.79			68258.47				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Cordova LLC Inc					231471.32			17707.56				
716 Cox Vista Apt. 882 East Bobbyburgh NY 52883-2517					5 Medicare wages and tips 217538.44			6 Medicare tax withheld 6308.61				
												7 Social security tips
					231471.32			217538.44				
					d Control number					9 Advance EIC payment		
	3492951								263			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Carla Guerra				196 13 Statutory Retirement Third-party			E 7639					
	95714 Adams Passage				employee plan sick pay			651				
	Tracyshire	e VA	07812-8428		14 (Other (see enclosed Notice to Employ	yee) 12c	12c	I			
								P	P 692			
								12d				
								G 696				
	oyee's address and ZIP coo		Transit in the second	Transition .		Last is a	1.0			Lan I II		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		3.7,7,7,		Local income tax	20 Locality name			
HI	855-99	9-830	103883.01	3970.64		195755.26	22	995.33		Garrett Points		
ТX	959-22	2-417	109627.36	3168.46		144785.07	35	641.66		Harrell Hills		

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

