REISSUED	REISSUED a Employee's social security number			Safe, Accurate, Visit the IRS W					RS Website			
STATEMENT	794	4-33-4937	OMB N	o. 1545-0	008 <b>FAS</b>	T! Use		le)	at www.ir	s.gov/efile.		
b Employer identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
87-2083817					170395.61				20634.71			
c Employer's name, address, and	ZIP code			3 Social security wages				4 Social security tax withheld				
Garrett Inc Inc					187137.72				14316.04			
197 Michael Corners Apt. 063				5 Medicare wages and tips				6 Medicare tax withheld				
Dustinside	Dustinside CT 56256-0101				194198.4				5631.75  8 Allocated tips			
				7 Social security tips				·				
				187137.72 9 Advance EIC payment			10	194198.4  10 Dependent care benefits				
d Control number				9 /	Advance EIC payr	nent	10	•	259	neits		
5798963				AA Namarii ahalaa			40-	12a See instructions for box 12				
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12				
Dr. Kristen				209				н 2274				
				13 Statutory Retirement Third-party employee plan sick pay				ĺ				
46268 Jennifer Junction Suite 631				<b>X</b>				E 774				
Smithfort AZ 94188-8606				14 Other (see enclosed Notice to Employee)				í				
								281				
			12d				12d					
									532			
f Employee's address and ZIP co	de								JJ2			
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages	s, tips, etc.	19 Local in	come tax		20 Locality name		
FL 701-6	5-607	89116.37	7828.24		216797	71	23072	. 62		Monique Point		
KS 563-2	6-616	87360.77	8567.8		122422	. 66	33990	. 92		Sarah Mountain		

Wage and Tax Statement

Form W-2

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	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	79	94-33-4937	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>b</b> Emplo	b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld			
87-2083817					170395.61			20634.71			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Garrett Inc Inc				187137.72			14316.04				
197 Michael Corners Apt. 063				5	Medicare wages and tips	6 Medicare tax withheld					
	Dustinside CT 56256-0101					194198.4		5631.75			
Dustinside Ci 30230 0101				7 Social security tips			8 Allocated tips				
					187137.72			194198.4			
d Control number					9 Advance EIC payment			10 Dependent care benefits			
5798963								259			
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
Dr. Kristen				209			н 2274				
Dr. Kristen					13 Statutory Retirement Third-party employee plan sick pay  14 Other (see enclosed Notice to Employee)			12b			
46268 Jennifer Junction Suite 631 Smithfort AZ 94188-8606				E				E 774			
				12c							
				281							
								12d			
							532				
f Employee's address and ZIP code									1		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality name	
FL	701-65	5-607	89116.37	7828.24		216797.71 23		3072.62		Monique Point	
KS	563-26	5-616	87360.77	8567.8		122422.66 33		3990.92		Sarah Mountain	

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

