REISSUED a Employee's so	cial security number		Safe, Accurate, Visit the IRS Websi				IRS Website		
STATEMENT 1	23-15-8440	OMB N	o. 1545-000	FAST! Use		<b>MILE</b>	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number			1 Wa	iges, tips, other compe	nsation	2 Fee	deral income ta	x withheld	
75-8290320				203524.41			46375.14		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Sweeney Inc Ltd			148964.55			11395.79			
17538 Riley Mills Suite 091			5 Medicare wages and tips			6 Medicare tax withheld			
_			163687.98			4746.95			
Port Margarethaven WV 24995-9316			7 Social security tips			8 Allocated tips			
				148964.55			163687.98		
d Control number			9 Advance EIC payment			10 Dependent care benefits			
85521							181		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12			
April Garcia			165			н 9656			
			13 Statutor		Third-party	12b	L		
1496 Alicia Path Apt. 388			employe	plan X	sick pay		318		
Feliciabury SC 43995-6723			<b>14</b> Oth	ner (see enclosed Notice	e to Employee)	12c	1		
							414		
						12d	12d		
							516		
C. Farehards at the control 7/10 and							210		
f Employee's address and ZIP code  15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, e	tc. 19	Local income	e tax	20 Locality name	
IA 437-19-525	107190.02	8136.14	:	261211.76	3'	7269.4	3	Berry Summit	
MO 999-36-637	107709.75	10157.92	:	223384.04	34	4635.9	9	Evans Rest	

Wage and Tax

Form W-2 **Statement**Copy B--To Be Filed with Employee's FEDERAL Tax Return

5070

Department of the Treasury--Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

REISSU		ocial security number		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						
STATEM	ENT	123-15-8440	OMB N	OMB No. 1545-0008 to life 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> Employer identifica	tion number			1	Wages, tips, other compensation		2 Federal	income tax	withheld	
75-8290320				203524.41			46375.14			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Sweeney Inc Ltd				148964.55			11395.79			
17538 Riley Mills Suite 091 Port Margarethaven WV 24995-9316			5 Medicare wages and tips 163687.98			6 Medicare tax withheld 4746.95				
									7 Social security tips	
							148964.55			163687.98
d Control number			9	9 Advance EIC payment			10 Dependent care benefits			
85521						181				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
April Garcia			165			н 9656				
			13 Sta	tutory Retirement Third-party ployee plan sick pay		12b	i			
1496 Alicia Path Apt. 388				X Something			318			
Feliciabury SC 43995-6723			14	Other (see enclosed Notice to Employ	ree)	12c	1			
			!			414				
						12d	1			
							516			
f Employee's addres		Tra a	Lie ou i		Trans.	1.0.			Lao 1 111	
' '	r's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax		20 Locality name	
IA	437-19-525	107190.02	8136.14		261211.76	37	269.43		Berry Summit	
MO	999-36-637	107709.75	10157.92		223384.04	34	635.99		Evans Rest	

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

