RE	ISSUED	a Employee's socia	l security number			S	afe, Accurate,	TRE •	-2 H		Visit the	IRS Websi	te	
STA	TEMENT	64	11-12-1825	OM	/IB No. 1545-0	0008 <b>F</b> .	AST! Use		<b>7</b>	E	at www.i	rs.gov/efile		
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
14-0316863						240397.38				53693.55				
c Employer's name, address, and ZIP code					3	3 Social security wages				4 Social security tax withheld				
Hughes, Garcia and Watson Ltd					258280.03				19758.42					
474 Shaffer Springs Suite 892					5	l				6 Medicare tax withheld				
Toddshire CA 55519-4192						170109.44				4933.17				
10	Toddshire CA 55519-4192					7 Social security tips				8 Allocated tips				
						258280.03				170109.44				
	d Control number					9 Advance EIC payment 10				10 Dependent care benefits				
14	14396										144			
e Employee's first name and initial Last name				11	11 Nonqualified plans				12a See instructions for box 12					
-		***				113				G 2897				
Ja	Jacqueline Harris					13 Statutory Retirement Third-party sick pay    Statutory Plan   Statutory Sick pay   X					1			
67218 Richard Squares Suite 702 Christopherchester OK 96280-2356					em						863	·3		
					14									
										E	623			
										12d				
										Н	315			
1 7 7 7 7	's address and ZIP cod		•	•										
	Employer's state ID nu		16 State wages, tips, etc.	17 State income	tax		ages, tips, etc.		Local inco			20 Locality	name	
DC	791-30	-611	108252.79	7342.3		19764	3.45	31	870.	49		Robert	Ramp	
OK	899-58	-825	111779.79	7421.49		174287.03		39	39104.29			Cohen	Road	

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.

RF	ISSUED	a Employee's socia	I security number			This information is being furnis	hed to	the Internal Re	venue Serv	ice. If you are required	
	TEMENT	64	1-12-1825	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> Employer	b Employer identification number				1 V	/ages, tips, other compensation		2 Federal income tax withheld			
14-0316863						240397.38	53693.55				
c Employer's name, address, and ZIP code					3 5	ocial security wages	4 Social security tax withheld				
Hughes, Garcia and Watson Ltd						258280.03	19758.42				
474 Shaffer Springs Suite 892					5 N	ledicare wages and tips	6 Medicare tax withheld				
						170109.44	4933.17				
TC	Toddshire CA 55519-4192					ocial security tips	8 Allocated tips				
						258280.03	170109.44				
d Control nu	umber				9 A	dvance EIC payment	10 Dependent care benefits				
14396							144				
e Employee	s first name and initial	Last name	•		11 N	onqualified plans	12a See instructions for box 12				
Jacqueline Harris 67218 Richard Squares Suite 702 Christopherchester OK 96280-2356					113			G 2897			
					13 Statu emple		12b	ı			
					14 (	other (see enclosed Notice to Employ	12c				
							E	623			
								12d	i		
								н	315		
f Employee's address and ZIP code											
15 State	Employer's state ID nu	oyer's state ID number 16 State wages, tips, etc. 17 State income ta		18 Local wages, tips, etc. 19			Local income tax 20 Locality name				
DC	791-30	-611	108252.79	7342.3	197643.45 31		31	870.49		Robert Ramp	
OK	899-58	-825	111779.79	7421.49		174287.03	39	104.29		Cohen Road	

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

