KLIGGGLD	oloyee's social security number			Safe, Accurate	e,	v file	Visit the IRS Website			
STATEMENT	681-75-8926	OMB No	o. 1545-000	8 FAST! Use			at www.irs.gov/efile.			
b Employer identification number			1 Wa	ages, tips, other compensat	ion	2 Federal	income tax withheld			
95-7260934				220906.03		34722.73				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Porter-Alvarez Ltd			187022.59			14307.23				
263 Charles Greens			5 Me	dicare wages and tips		6 Medicare tax withheld				
			217931.75			6320.02				
East Dianamouth PA 59983-4564			7 Social security tips			8 Allocated tips				
				187022.59			217931.75			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
4459378							295			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
			289			P 2993				
Nicholas Garcia			13 Statuto		ird-party	12b				
18851 Benjamin Springs			employ	ee plan sic	k pay	D	909			
Jonesview NY 96205-9830			14 Otl	ner (see enclosed Notice to	Employee)	12c				
Jonesview Ri Jozos Joso						E	442			
						12d				
							409			
					_		409			
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, etc.	19 L	ocal income tax	20 Locality name			
MS 475-88-813	9	6526.51		189613.14	-	547.27	Atkins Street			
		 								
NJ 143-13-85	1 121373.63	7214.05		162268.31	282	225.86	Ross Plain			

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.

REISSUED STATEMEN	т 68	al security number 31-75-8926	OMB N	OMB No. 1545-0008 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 this income is taxable and you fail to report it.							
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld				
95-7260934				220906.03			34722.73				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Porter-Alvarez Ltd				187022.59			14307.23				
263 Charles Greens				5 Medicare wages and tips			6 Medicare tax withheld				
East Dianamouth PA 59983-4564				217931.75 7 Social security tips			6320.02				
							8 Allocated tips				
				187022.59			217931.75				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
4459378								295			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Nicholas Garcia			289 13 Statutory Retirement Third-party			P 2993					
18851 Benjamin Springs			employee plan sick pay			D 909					
Jonesview NY 96205-9830				14 Other (see enclosed Notice to Employee)			12c				
			E				442				
							12d				
								409			
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	19	ocal income tax		20 Locality name		
		9			= ' ' '			•	•		
MS 47	5-88-813	109541.21	6526.51		189613.14	21	547.27		Atkins Street		
NJ 14	3-13-851	121373.63	7214.05		162268.31	28	225.86		Ross Plain		

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

