| REISSUED | a Employee's socia | I security number | | | Safe, | Accurate, | Re | 4 HI | Visit the | IRS Website | |
|---|--------------------|----------------------------|---------------------|------------|--|------------------|---------|---------------------------------|-----------|------------------|--|
| STATEMENT | 71 | .1-93-7937 | OMB N | No. 1545-0 | 0008 FAST | ! Use | | file | at www.i | rs.gov/efile. | |
| b Employer identification number | | | | 1 | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 47-8397263 | | | | | 212904.99 | | | 46295.27 | | | |
| c Employer's name, address, and ZIP code | | | | 3 | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Garcia and Sons Inc | | | | | 166310.91 | | | 12722.78 | | | |
| 409 Joseph Mountain Apt. 892 | | | | 5 | | | | 6 Medicare tax withheld | | | |
| Lake Carlos CT 89647-8879 | | | | | 253002.75 | | | 7337.08 | | | |
| Lake Carlos CT 89047-8879 | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 166310.91 | | | 253002.75 | | | |
| d Control number | | | | 9 | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 6856662 | | | | | | | | 151 | | | |
| e Employee's first name and initial Last name | | | | 11 | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| Pollon Property | | | | | 283 | | | 2892 | | | |
| Dylan Berger | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | ı | | |
| 907 Kylie Pass | | | | | X | SICK Pay | | G | 226 | | |
| Joanneborough NC 74543-5065 | | | | | Other (see enclose | d Notice to Empl | oyee) 1 | 12c | 1 | | |
| | | | | | | | | G | 324 | | |
| | | | | | | | 1 | I2d | 1 | | |
| | | | | | | | | P | 278 | | |
| f Employee's address and ZIP of | ode | | | | | | | | 1 | | |
| 15 State Employer's state ID | number | 16 State wages, tips, etc. | 17 State income tax | - | 18 Local wages | tips, etc. | 19 Loc | al income ta | х | 20 Locality name | |
| OR 361-8 | 3-020 | 104054.99 | 4705.46 | | 167107. | 72 | 348 | 63.69 | | Schultz Club | |
| NE 351-0 | 4-683 | 114550.86 | 4164.89 | | 275742. | 44 | 287 | 89.12 | | Catherine Summit | |

Wage and Tax Statement 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.

| REISSUED a Employee's social security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|--|----------------|---|---------------------|---------------------------------|--|--|--|--|
| STATEMENT 711-93-7937 | OMB No. 1545-0 | 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 | 2 Federal income tax withheld | | | | |
| 47-8397263 | | 212904.99 | 46295 | 46295.27 | | | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 Social se | 4 Social security tax withheld | | | | |
| Garcia and Sons Inc | | 166310.91 | 12722 | 12722.78 | | | | |
| 409 Joseph Mountain Apt. 892 | 5 | Medicare wages and tips | | • modisars tax maniora | | | | |
| Lake Carlos CT 89647-8879 | | 253002.75 | | 7337.08 | | | | |
| Lake Carlos CT 69647-6679 | 7 | Social security tips | 8 Allocate | 8 Allocated tips | | | | |
| | | 166310.91 | | 253002.75 | | | | |
| d Control number | 9 | Advance EIC payment | 10 Depende | 10 Dependent care benefits | | | | |
| 6856662 | | | | 151 | | | | |
| e Employee's first name and initial Last name | 11 | Nonqualified plans | 12a See ins | 12a See instructions for box 12 | | | | |
| Duller Decree | | 283 | | 2892 | | | | |
| Dylan Berger | 13 Stat | | / 12b | | | | | |
| 907 Kylie Pass | emp | loyee plan sick pay | G | G 226 | | | | |
| Joanneborough NC 74543-5069 | 14 | Other (see enclosed Notice to Emplo | oyee) 12c | | | | | |
| boaimebolough NC 74343 3003 | , | | G | 324 | | | | |
| | | | 12d | | | | | |
| | | | | 270 | | | | |
| | | | P | 278 | | | | |
| f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State | ate income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | | |
| | 5.46 | 167107.72 | 34863.69 | Schultz Club | | | | |
| | | | | | | | | |
| NE 351-04-683 114550.86 416 | 4.89 | 275742.44 | 28789.12 | Catherine Summit | | | | |

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

