REISSUED	a Employee's socia	•			Safe, Accurate,			Visit the IRS Website			
STATEMENT	84	2-51-3348	OMB I	No. 1545-0	008 FAST! U	se	G~III	at www	v.irs.gov/efile.		
b Employer identification number				1 \	1 Wages, tips, other compensation			2 Federal income tax withheld			
39-9459367					126364.33			22934.85			
c Employer's name, address, and	ZIP code			3 5	3 Social security wages			4 Social security tax withheld			
Buck-Stone	Inc				147106.74			11253.67			
797 Miller Lock Suite 801 Georgeshire FL 42519-1543				5 1	5 Medicare wages and tips			6 Medicare tax withheld			
					146626.68	1		4252.17			
				7 :	Social security tips		8 A	8 Allocated tips			
					147106.74			146626.68			
d Control number				9 /	9 Advance EIC payment			10 Dependent care benefits			
3836949								167			
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12			
Susan Garza					234			4957			
					13 Statutory Retirement Third-party employee plan sick pay						
1203 Bauer Club				emp	employee plan sick pay			н 494			
Crystalburgh VA 46570-9865				14 (14 Other (see enclosed Notice to Employee)						
								423			
							12d				
								206			
f Employee's address and ZIP co		La a	Transition in		Land de de		10 1 11		Lag I III		
15 State Employer's state ID n		16 State wages, tips, etc.	17 State income tax	(18 Local wages, tips	,	19 Local inco		20 Locality name		
CA 033-2	4-485	65331.54	3439.1		129709.84		15883.	28	Robert Locks		
AK 184-8	0-697	64102.03	2748.71		98664.51		17152.	96	Hall Square		

Wage and Tax

Form W-2 Statement

5010

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.

R	EISSUED	a Employee's socia	I 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					
ST	ATEMENT	84	2-51-3348	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 Employe	b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld		
39-9459367				126364.33			22934.85			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Buck-Stone Inc				147106.74			11253.67			
797 Miller Lock Suite 801				5 Medicare wages and tips			6 Medicare tax withheld			
				146626.68			4252.17			
(Georgeshire FL 42519-1543				7 Social security tips			8 Allocated tips		
				147106.74			146626.68			
d Control	d Control number				9 Advance EIC payment			10 Dependent care benefits		
3	3836949								167	
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12			
	Susan Garza				234			4957		
2					13 Statutory Retirement Third-party			12b		
1203 Bauer Club				employee plan sick pay			н	494		
	Crystalburgh VA 46570-9865				14 Other (see enclosed Notice to Employee)			12c		
Crystalburgh VA 40370-9005								423		
							12d			
							206			
f Employee's address and ZIP code					T				T	
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income tax		20 Locality name
CA	033-24	1-485	65331.54	3439.1		129709.84 15		.5883.28		Robert Locks
AK	184-80)-697	64102.03	2748.71		98664.51	17	152.96		Hall Square

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

