F	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							site	
S	FATEMENT	27	74-30-1477	OMB N	lo. 1545-0	008 FAS 1	! Use		le	at www.i	rs.gov/efile	Э.	
b Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
85-6515244					172823.23				39434.32				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
	Gaines, Ale	xander an	d Mcgrath PLC		212522.25				16257.95				
4897 Johnson Points						5 Medicare wages and tips				6 Medicare tax withheld			
South Mark AZ 22128-1358					203573.77				5903.64				
					7 Social security tips				8 Allocated tips				
						212522.25				203573.77			
d Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits				
	1252842								179				
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
	Togon Deig				150				G 2034				
	Jason Price					13 Statutory Retirement Third-party employee plan sick pay				1			
2440 Tonya Inlet South Dianestad AZ 77233-4760					14 Other (see enclosed Notice to Employee)				P	747			
										1			
									689				
									12d				
										685			
f Employee's address and ZIP code										003			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc. 19		19 Local in	9 Local income tax		20 Localit	y name		
CA	770-88	-055	90869.2	9028.08		208542.7		32820	32820.38		Chapman	Divide	
ID	511-81	-285	87181.37	8176.69		145033.	65	25601	07		Bush	Inlet	
			10:202.01	132:3103				1-000-					

Wage and Tax

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.

F	REISSUED a Employee's social 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							
S	TATEMENT	27	74-30-1477	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 Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
85-6515244					172823.23				39434.32				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Gaines, Alexander and Mcgrath PLC					212522.25				16257.95				
4897 Johnson Points						5 Medicare wages and tips				6 Medicare tax withheld			
South Mark AZ 22128-1358					203573.77				5903.64				
					7 Social security tips				8 Allocated tips				
						212522.25				203573.77			
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	1252842									179			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
	Jason Price 2440 Tonya Inlet					150				G 2034			
						13 Statutory Retirement Third-party employee plan sick pay				1			
									P	P 747			
South Dianestad AZ 77233-4760					14 Other (see enclosed Notice to Employee)				12c				
	South Francisca AZ 77253 4700									689			
								-	12d	1			
										685			
	yee's address and ZIP co		Transit is a	T.= a		Lini		140			Tag t m		
15 State	Employer's state ID n		16 State wages, tips, etc.	17 State income tax	1.0 = 1.1 1.1			9 Local income tax		20 Locality name			
CA	770-88	3-055	90869.2	9028.08		208542.7		32	32820.38		Chapman Divide		
ID	511-81	L-285	87181.37	8176.69		145033	. 65	25	601.07		Bush Inlet		

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

