REISSUED a Employee's social securi	•			Safe, Accu	rate,			Visit the	RS Website	е
STATEMENT 504-3	9-3665	OMB No.	1545-00	08 FAST! Use			le)	at www.ir	s.gov/efile.	
<b>b</b> Employer identification number			1 V	ages, tips, other comper	sation	2	Federal	l income tax	withheld	
86-8167458			84642.47				23461.31			
c Employer's name, address, and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Garcia, Ortiz and Wagner LLC			100675.57			7	7701.68			
817 Maddox Port Apt. 715 New Sergioshire NH 82171-4057			5 Medicare wages and tips				6 Medicare tax withheld			
			78702.73				2282.38			
New Sergioshire NA 621/1-405/			7 Social security tips				8 Allocated tips			
				100675.57				78702		
d Control number			9 Advance EIC payment			10 Dependent care benefits				
9487178								186		
e Employee's first name and initial Last name			11 N	onqualified plans		12a	See ins	structions f	or box 12	
Chi al an arman			209				D 8968			
Shirley Nguyen		13 Statut emplo		Third-party sick pay	12b		i			
32362 Deanna Meadow S	Suite 796		X	yee plan	SICK Pay		G	292		
South Matthew OK 27	595-4432		<b>14</b> O	ther (see enclosed Notice	to Employee	e) 12c		I		
504011 1140011011 011 17000 1101							D	319		
						12d		i		
							E	561		
f Employee's address and ZIP code										
15 State Employer's state ID number 16 St	ate wages, tips, etc. 17	7 State income tax		18 Local wages, tips, et	c. 1	9 Local in	come tax		20 Locality r	name
NE 558-55-554 413	365.95 1	610.86		94827.53	1	L5730	.46		Michael	Dale
OK 094-81-105 396	599.78 1	927.94		72891.58	1	L3323	.46		Montgomery	Tunnel

Wage and Tax
Form W-2 Statement

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.

DEIG	SUED	a Employee's socia	Il security number			This information is being furnis	hed to	the Interna	Revenue Serv	ice. If you are required	
_	OOLD		14-39-3665	OMB N	OMP No. 1545 0009 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
	EMENT	30	74-39-3003	OINID IV	this income is taxable and you fail to report it.						
b Employer identification number			1 Wages, tips, other compensation								
	8167458				84642.47			23461.31			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Garcia, Ortiz and Wagner LLC 817 Maddox Port Apt. 715			100675.57			7701.68					
			5 Medicare wages and tips			6 Medicare tax withheld					
_				78702.73			2282.38				
New Sergioshire NH 82171-4057			7 Social security tips			8 Allocated tips					
				100675.57			78702.73				
d Control numb	er				9 A	dvance EIC payment		10 De	pendent care be	enefits	
9487178						186					
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Shirley Nguyen			209			D 8968					
				13 Statutory Retirement Third-party			12b				
32362 Deanna Meadow Suite 796				employee plan sick pay			G	292	292		
52502 Dealina Meadow Suite 790					,		232				
South Matthew OK 27595-4432			14 Other (see enclosed Notice to Employee)			12c					
						D	D 319				
								12d			
								E	561		
f Employoo's a	ddress and ZIP cod	2					ŀ		301		
1 7 7 7 7 7 7	ployer's state ID nu		16 State wages, tips, etc.	17 State income tax	l	18 Local wages, tips, etc.	19 L	ocal income	e tax	20 Locality name	
NE	558-55	-554	41365.95	1610.86		94827.53		5730.46		Michael Dale	
	330 33	<u> </u>	111000.00	12020.00				, 50.4	<u> </u>	MICHAEL DATE	
OK	094-81	-105	39699.78	1927.94		72891.58	13	323.4	6	Montgomery Tunnel	

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

