REISS	SUED	a Employee's socia	al security number				Safe, Ac	curate,	e O	Z HD	Vis	sit the IR	RS Webs	ite
STATE	MENT	89	98-42-1094	OMB N	o. 1545-	-0008	FAST! U	se	G		at v	www.irs	.gov/efile	١.
b Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld				
21-9468252					161089.48					16612.77				
c Employer's nar	me, address, and Z	IP code			3 Social security wages					4 Social security tax withheld				
Holt, Garza and Frank LLC					190033.42					14537.56				
62010 Miller Pike Suite 389 Port Nathaniel HI 43966-6238					5 Medicare wages and tips					6 Medicare tax withheld				
					116788.16					3386.86				
					7 Social security tips					8 Allocated tips				
					190033.42					116788.16				
d Control numbe	г				9 Advance EIC payment				,	10 Dependent care benefits				
6556	60									266				
e Employee's first name and initial Last name				11 Nonqualified plans					12a See instructions for box 12					
_					292					D 6802				
Denise Lewis				13 Statutory Retirement Third-party employee plan sick pay					12b					
85477 Schmidt Centers					employee plan sick pay					Ι	D 850			
Vargashaven MI 52569-8999				14 Other (see enclosed Notice to Employee)				ree)	12c	1				
vargasiaven iir sessi sissi									G	G 885				
								_	12d					
										I	60	09		
f Employee's ad	dress and ZIP code	е							-		I			
15 State Emp	oloyer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Loc	al wages, tips	, etc.	19 Lo	cal incom	e tax	1	20 Locality	name
GA	464-92	-088	73978.22	4850.66		117	385.19)	245	91.9	91	1	Mackenzie	e Forges
PA	916-57	-673	72661.37	5146.47		183	405.89)	308	18.5	8	1	Ward	Fork

Wage and Tax
Form W-2 Statement

5070

Cut here. Keep lower portion for your records.

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.

R	REISSUED	a Employee's soc	al security number		This information is being furnished to the Internal Revenue Service. If you are required									
SI	FATEMENT	8	98-42-1094	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 Employer identification number					Wages, tips, other compensation				Federal income tax withheld					
21-9468252						161089.48				16612.77				
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld				
Holt, Garza and Frank LLC 62010 Miller Pike Suite 389					190033.42				14537.56					
					5 Medicare wages and tips				6 Medicare tax withheld					
Port Nathaniel HI 43966-6238				3386.86										
				8 Allocated tips										
						190033.42				116788.16				
d Contro	d Control number					9 Advance EIC payment				10 Dependent care benefits				
	65560									266				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					292				D 6802					
	Denise Lewis					13 Statutory Retirement Third-party								
85477 Schmidt Centers Vargashaven MI 52569-8999					employee plan sick pay				D 850					
					14	Other (see enclosed Notic	o to Employ	(00)	12c	030				
					14	Other (see enclosed Notic	e to Employ	ee)	120	1				
									G 885					
									12d	ı				
										609				
f Employee's address and ZIP code														
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	tc.	19 Lo	cal income tax		20 Locality name			
GA	464-92	2-088	73978.22	4850.66		117385.19		245	91.91		Mackenzie Forges			
PA	916-57	7-673	72661.37	5146.47		183405.89		308	18.58		Ward Fork			

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

