RE	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							te	
STA	ATEMENT	39	96-25-0326	OMB N	o. 1545-	0008	FAST! Use			at www.i	rs.gov/efile.		
b Employe	er identification number				1 Wages, tips, other compensation				2 Federal income tax withheld				
52-9492554					212073.42				69889.52				
c Employe	er's name, address, and Z	IP code			3 Social security wages				4 Social security tax withheld				
Lynch, Garcia and Pham Inc					222369.94				17011.3				
735 Amanda Canyon					5 Medicare wages and tips				6 Medicare tax withheld				
м	-					268578.36				7788.77			
141	Morganfurt TX 62358-0173					7 Social security tips			8 Allocated tips				
					222369.94			268578.36					
d Control number					9	Advance EIC	payment		10 De	pendent care b	enefits		
2386544										138			
e Employe	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12					
					231			2463					
S	Steve Armstrong 1460 Gonzalez Pine Suite 662 Mikefort HI 61596-1055				13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)				12b				
1									920				
м									12c				
	MIREIOIC III 01330 1033							627					
								12d					
										596			
										296			
15 State	e's address and ZIP code Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local v	vages, tips, etc	c. 19	Local incom	e tax	20 Locality	name	
NM	420-49		108722.68	5278.84			00.67		1862.2		Laura		
											†		
NV	044-78	-784	109304.11	7148.86		1941	09.95	34	4551.7	76	Michael	Grove	

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 soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST	ATEMENT	3:	96-25-0326	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 Employ	b Employer identification number					Nages, tips, other compensation	2 Federal income tax withheld					
52-9492554						212073.42	69889.52					
c Employ	c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Lynch, Garcia and Pham Inc					222369.94			17011.3				
735 Amanda Canyon Morganfurt TX 62358-0173					5 1	Medicare wages and tips	6 Medicare tax withheld					
						268578.36	7788.77					
					7	Social security tips	8 Allocated tips					
						222369.94	268578.36					
d Control	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	2386544								138			
e Employ	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Steve Armstrong					231	2463						
'	beeve mmberong				13 State emp	utory Retirement Third- loyee plan sick p	12b					
:	1460 Gonzalez Pine Suite 662				920				920			
1	Mikefort HI 61596-1055				14 (Other (see enclosed Notice to En	12c					
THE STATE OF THE S								627				
								12d			-	
								596				
	ree's address and ZIP coo		T	T.= 2		T				T		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax				19 Local income tax		20 Locality name		
NM	420-49	9-505	108722.68	5278.84	236300.67 2		24	24862.25		Laura	Dam	
NV	044-78	3-784	109304.11	7148.86	194109.95		4551.76		Michael	Grove		

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

