REI	REISSUED a Employee's social security number									IRS Websi	te		
STAT	TEMENT	11	.0-95-8096	OMB 1	No. 1545-0	008 <b>FAST</b> !	Use	£~	file	at www.i	rs.gov/efile.	-	
<b>b</b> Employer identification number					1 Wages, tips, other compensation				2 Federal income tax withheld				
02-0406987						88625.21				20541.87			
c Employer's	s name, address, and Z	IP code			3	3 Social security wages				4 Social security tax withheld			
Barker PLC and Sons					97377.62				7449.39				
5604 Kennedy Drive Apt. 011					5					6 Medicare tax withheld			
Co					71601.76				2076.45				
Copelandport AR 31257-0331					7 Social security tips				8 Allocated tips				
						97377.62			71601.76				
d Control number				9	9 Advance EIC payment			10 Dependent care benefits					
8218372									267				
e Employee's first name and initial Last name				11	11 Nonqualified plans			12a See instructions for box 12					
<b>61</b>					205				6440				
Cn	Chase Garcia				13 Statutory Retirement Third-party employee plan sick pay				12b	i			
14205 Bennett Centers Suite 980					emp	X Sick pay			P 414				
East Debbieton ME 20694-9253					14	14 Other (see enclosed Notice to Employee)				1			
									866				
									12d				
									D	158			
f Employee's	s address and ZIP code							-		130			
	Employer's state ID nur		16 State wages, tips, etc.	17 State income tax	:	18 Local wages,	tips, etc.	19 Loc	cal income tax	:	20 Locality	name	
ND	048-12	-135	41782.15	2809.9		110860.9		9976.06			Amanda	Shoal	
											T		
OK	138-36	-492	42032.47	2959.71		109233.	76	155	88.48		Beverly	Square	

Wage and Tax
Statement

Form W-2

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.

F	REISSUED	a Employee's socia	al security number			This information is being furnis	hed to	the Internal Re	venue Serv	ce. If you are required	
	TATEMENT	11	LO-95-8096	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>b</b> Emplo	b Employer identification number				1 V	/ages, tips, other compensation	2 Federal income tax withheld				
02-0406987					88625.21			20541.87			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Barker PLC and Sons				97377.62			7449.39				
5604 Kennedy Drive Apt. 011 Copelandport AR 31257-0331				5 N	ledicare wages and tips	6 Medicare tax withheld					
					71601.76	2076.45					
				<b>7</b> S	ocial security tips	8 Allocated tips					
				97377.62			71601.76				
d Control number					9 Advance EIC payment			10 Dependent care benefits			
	8218372				ļ			267			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				205			6440				
	Chase Garcia				13 Statutory Retirement Third-party employee plan sick pay			12b			
14205 Bennett Centers Suite 980				14 Other (see enclosed Notice to Employee)			P	2 414			
East Debbieton ME 20694-9253							12c				
East Debbieton ME 20094 9255							866				
								12d			
								-	1 - 0		
								D 158			
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					18 Local wages, tips, etc.	10	Local income tax		20 Locality name		
	048-12		41782.15	2809.9		3, , ,			-		
ND	048-12	-133	41/02.15	2009.9	110860.9		99	9976.06		Amanda Shoal	
OK	138-36	138-36-492 42032.47 2959.71		109233.76 1		15	588.48	Beverly 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

