REISSUED a Employee's social security number			Safe, Acci	urate,	o dila	Visit the IRS Website			
STATEMENT 706-24-6819	OMB No	o. 1545-000	8 FAST! Us	e e	*file	at www.irs.gov/efile.			
b Employer identification number		1 Wa	ages, tips, other compe	ensation	2 Feder	ral income tax withheld			
81-0327604		182474.06		42160.0					
c Employer's name, address, and ZIP code	3 So	cial security wages		4 Social security tax withheld					
Diaz PLC Inc			210785.36			16125.08			
89129 Wesley Junctions Suite 518			5 Medicare wages and tips			6 Medicare tax withheld			
North Adriana OH 52281-5993			130953.74			3797.66			
North Adriana on 32201 3335		cial security tips		8 Allocated tips					
			210785.36			130953.74			
d Control number		9 Ad	vance EIC payment		10 Depe	ndent care benefits			
7064501						120			
e Employee's first name and initial Last name		11 No	nqualified plans		12a See i	nstructions for box 12			
Holly Acosta			156			D 7532			
noily Acosta		13 Statutor employe		Third-party sick pay	12b	I			
180 Amanda Station	X			G	G 249				
Kimton NV 15807-2856			14 Other (see enclosed Notice to Employee)			İ			
					621				
					12d	1			
						594			
f Employee's address and ZIP code						.			
15 StateEmployer's state ID number16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, o	etc. 19	9 Local income to	ax 20 Locality name			
GA 072-06-393 84101.78	10606.25	:	127904.31	2	6891.92	Timothy Center			
TX 930-06-781 88248.86	7753.0]:	160827.91	2	0962.87	Heather Rue			

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.

RE	ISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
STA	TEMENT	7	06-24-6819	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			•	1 Wages, tips, other compensation			2 Federal income tax withheld				
81-0327604				182474.06			42160.0					
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Diaz PLC Inc				210785.36			16125.08					
89129 Wesley Junctions Suite 518 North Adriana OH 52281-5993				5	Medicare wages and tips	6 Medicare tax withheld 3797.66						
					130953.74							
				7 Social security tips			8 Allocated tips					
					210785.36			130953.74				
d Control number			9 Advance EIC payment			10 Dependent care benefits						
70	064501								120			
e Employee's first name and initial Last name			11 Nonqualified plans 12a See instruct			structions	for box 12					
Holly Acosta			156			D 7532						
			13 Sta			12b						
180 Amanda Station				em	nployee plan sick pay		G	249				
Kimton NV 15807-2856			14	Other (see enclosed Notice to Employ	ree)	12c						
					,		601					
						621						
								120	1			
								594				
	e's address and ZIP coo											
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income ta	x	20 Locality name		
GA	072-06	5-393	84101.78	10606.25		127904.31	26	891.92		Timothy Center		
TX	930-06	5-781	88248.86	7753.0		160827.91	20	962.87		Heather Rue		

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

