REISS	_	cial security number			Safe, Ac	curate,	6 0		Visit the	IRS Website	
STATE	MENT 6	588-20-2674	OMB N	lo. 1545-00	008 FAST! U	se	G ~	file	at www.ii	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2	2 Federal income tax withheld			
02-7	071860				232099.75			69286.45			
c Employer's name	e, address, and ZIP code			3 8	3 Social security wages			4 Social security tax withheld			
Garcia, Campbell and Wheeler Ltd				209923.44				16059.14			
2806 Page Heights				5 Medicare wages and tips				6 Medicare tax withheld			
-				170764.83				4952.18			
Lake Jennifer MS 19013-2684				7 Social security tips			8	8 Allocated tips			
					209923.44			170764.83			
d Control number				9 Advance EIC payment			10	10 Dependent care benefits			
5814845								168			
e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12			
Sarah Brandt			217				7738				
				13 Statutory Retirement Third-party			12	2b			
63332 Thomas Well				employee plan sick pay				516			
Port Karenberg DE 48849-8679				14 Other (see enclosed Notice to Employee)			ee) 12	12c			
Told Raiemberg Di 40049 0079							н	973			
							12	12d			
								G	580		
							-	G	360		
	ress and ZIP code over's state ID number	16 State wages, tips, etc.	17 State income tax	ļ	18 Local wages, tips	. etc.	19 Loca	al income tax	1	20 Locality name	
мт	990-61-500	116250.19	7951.91		171984.85		3553	30.75		Cooper Summit	
LA	644-35-613	104976.71	10379.51		167877.69)	2322	28.12		Jessica Crescent	

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	I security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	68	38-20-2674	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 Emplo	yer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
02-7071860				232099.75			69286.45				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Garcia, Campbell and Wheeler Ltd				209923.44			16059.14				
2806 Page Heights				5 Medicare wages and tips			6 Medicare tax withheld				
Lake Jennifer MS 19013-2684				170764.83			4952.18				
				7 Social security tips			8 Allocated tips				
				209923.44			170764.83				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
5814845							168				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Sarah Brandt 63332 Thomas Well				217			7738				
				13 Statutory Retirement Third-party			12b				
				employee plan sick pay			516				
				14 Other (see enclosed Notice to Employee)			120				
	Port Karenberg DE 48849-8679				14 Other (see enclosed Notice to Employee)			120			
_							н 973				
								12d	1		
								G 580			
f Employee's address and ZIP code											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		Local income tax	20 Locality name		
MT	990-61	500	116250.19	7951.91		171984.85		35530.75		Cooper Summit	
LA	644-35	-613	104976.71	10379.51		167877.69	23	3228.12		Jessica Crescent	

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

