REISSUED a Employee's social security number		Safe, Accurate,		Visit the IRS Website	
STATEMENT 686-58-4551	OMB No. 1545-000	08 FAST! Use	G~IIIE	at www.irs.gov/efile.	
<b>b</b> Employer identification number	1 W	ages, tips, other compensation	2 Federa	al income tax withheld	
50-9309630	97743.37		3562	35628.56	
c Employer's name, address, and ZIP code	3 Social security wages		4 Social	4 Social security tax withheld	
Harmon, Watson and Martinez PLC		101858.46		7792.17	
9912 Meredith Road Apt. 154		5 Medicare wages and tips		6 Medicare tax withheld	
North Cassandra NJ 96783-2347		84544.79	0 411	2451.8	
North dabbanara no 30703 2317		ocial security tips	8 Alloca	ted tips	
		101858.46		84544.79	
d Control number	9 Ad	dvance EIC payment	10 Deper	ndent care benefits	
9178702				146	
e Employee's first name and initial Last name	11 N	onqualified plans	12a See ir	nstructions for box 12	
Guarda 1 Mandala an		259		D 1733	
Crystal Martinez		ory Retirement Third-party yee plan sick pay	12b	-	
4682 Christopher Village Suite 609	emplo	X Sick pay	P	670	
South Allison SC 69191-7597	14 0	ther (see enclosed Notice to Employ	ree) 12c	_	
				168	
				12d	
			G	334	
f. Fuel and address of 700 and			G	334	
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State i	ncome tax	18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name	
ID 988-77-252 51084.0 1918	. 35	102345.03	17732.86	,	
PA 227-16-083 53316.52 2377	. 96	90518.29	12810.47	Brianna Gardens	

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.

REISSUED a Employee's social security number				evenue Service. If you are required	
STATEMENT 686-58-4551	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 \	Vages, tips, other compensation	2 Feder	al income tax withheld	
50-9309630		97743.37		35628.56	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
Harmon, Watson and Martinez PLC		101858.46		7792.17	
9912 Meredith Road Apt. 154		5 Medicare wages and tips		6 Medicare tax withheld	
North Cassandra NJ 96783-2347		84544.79		2451.8	
North Cassandra No 96763-2347		7 Social security tips		8 Allocated tips	
		101858.46		84544.79	
d Control number	9 /	Advance EIC payment	10 Depe	ndent care benefits	
9178702				146	
e Employee's first name and initial Last name	11	lonqualified plans	12a See i	nstructions for box 12	
		259		D 1733	
Crystal Martinez		tory Retirement Third-part	y <b>12b</b>		
4682 Christopher Village Suite 609		pyee plan sick pay	P	670	
South Allison SC 69191-7597		Other (see enclosed Notice to Emplo	oyee) 12c		
South Allison SC 09191-7597				168	
			12d	1200	
			G	224	
				334	
f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State is 17 State in 18 State wages, tips, etc. 19 State in 1	income tax	18 Local wages, tips, etc.	19 Local income ta	ax 20 Locality name	
ID 988-77-252 51084.0 1918		102345.03	17732.86		
10 300-11-232 31004.0 1910		102343.03	11132.00	Jane Ways	
PA 227-16-083 53316.52 2377	.96	90518.29	12810.47	Brianna Gardens	

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

