RE	REISSUED a Employee's social security number									Visit the	IRS Website		
STA	ATEMENT	88	88-57-6859	OMB N	o. 1545-00	008 FAST	! Use	G	ile	at www.i	rs.gov/efile.		
b Employe	b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
57-9241734					71218.05				10157.13				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Wright-Garcia Group						76599.02				5859.83			
318 David Valley					5 Medicare wages and tips				6 Medicare tax withheld				
	Jonesmouth ND 64823-6293					80566.06				2336.42			
J						7 Social security tips				8 Allocated tips			
					76599.02				80566.06				
d Control n					9 Advance EIC payment			10					
3725310									272				
e Employee's first name and initial Last name				11 Nonqualified plans			12:	12a See instructions for box 12					
_		_			279				E 5954				
R	Robin Hernandez					13 Statutory Retirement Third-party				1			
51026 Courtney Drive Suite 840				X plan sick pay 14 Other (see enclosed Notice to Employee)				E 266					
Toddmouth TN 28510-9965								C	1				
									414				
									12d				
									E	658			
f Employe	ee's address and ZIP code	9						-		1000			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Local	income ta	х	20 Locality name		
NE	545-66	-836	34683.22	3793.49		76820.3 7		7618	7618.2		Tammy Isle		
OK	364-29	-397	34345.91	4028.58		55290.3	5	1139	4.04		Erica Turnpike		

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
ST	TATEMENT	8	88-57-6859	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					Wages, tips, other compensation				2 Federal income tax withheld				
57-9241734						71218.05				10157.13			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Wright-Garcia Group						76599.02			5859.83				
318 David Valley						5 Medicare wages and tips				6 Medicare tax withheld			
_					80566.06				2336.42				
1	Jonesmouth ND 64823-6293					7 Social security tips				8 Allocated tips			
					76599.02				80566.06				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	3725310								272				
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
Robin Hernandez						279				E 5954			
	51026 Courtney Drive Suite 840 Toddmouth TN 28510-9965					13 Statutory Retirement Third-party employee plan sick pay				1			
						X			E	E 266			
						14 Other (see enclosed Notice to Employee)				12c			
Toddiiodeii IN 20310 3303										414			
						!				12d			
									E	658			
									E 036				
15 State	Employee's address and ZIP code State Employer's state ID number 16 State wages, tips, etc. 17 State income tax			18 Local wages, tips, etc. 19			19 Lo	ocal income t	ax	20 Locality name			
NE	545-66		34683.22	3793.49		76820.3		761	18.2		Tammy Isle		
1415	242-00							, 0	-0.2		Tanning 1316		
OK	364-29	9-397	34345.91	4028.58		55290.35		113	394.04	Erica Turnpike			

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

