REISSUED a Employee's social security number	Safe, Accurate, Visit the IRS Website						
STATEMENT 034-89-6080	OMB No. 1545-000	FAST! Use	ee file	at www.irs.gov/efile.			
b Employer identification number	1 Wa	iges, tips, other compensation	2 Federa	Federal income tax withheld			
71-7273981		197180.39	7200	72001.79			
c Employer's name, address, and ZIP code	3 So	cial security wages	4 Social	4 Social security tax withheld			
Murray Ltd Inc	2	250361.33	1915	19152.64			
209 Liu Neck Suite 609		dicare wages and tips	6 Medica				
New Valeriestad MA 05986-2402		249472.37		7234.7			
New valeriestad MA 05986-2402	7 So	cial security tips	8 Alloca	8 Allocated tips			
	2	250361.33		249472.37			
d Control number	9 Ad	vance EIC payment	10 Deper	ident care benefits			
6451602			269				
e Employee's first name and initial Last name	11 No	nqualified plans	12a See ir	structions for box 12			
		276	н	6929			
Phillip Garcia	13 Statutor		12b				
8161 Crystal Tunnel Suite 248	employe	ee plan sick pay		233			
Hallland OR 86922-8116	14 Oth	ner (see enclosed Notice to Emplo	yee) 12c				
			н	464			
			12d				
			D	724			
f Employee's address and ZIP code				1			
15 State Employer's state ID number 16 State wages, tips, etc. 17 State i		18 Local wages, tips, etc.	19 Local income ta	x 20 Locality name			
SC 779-77-503 101067.55 8737	.76	235652.18	20122.98	Brown Island			
MI 693-67-981 96262.22 9230	.26	229807.53	23893.34	Garcia Overpass			

Wage and Tax

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT	0:	34-89-6080	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	b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld					
71-7273981			197180.39			72001.79						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld					
Murray Ltd Inc				250361.33			19152.64					
209 Liu Neck Suite 609				5 Medicare wages and tips			6 Medicare tax withheld					
				249472.37			7234.7					
New Valeriestad MA 05986-2402			7 Social security tips			8 Allocated tips						
				250361.33			249472.37					
d Control number			9 /	9 Advance EIC payment			10 Dependent care benefits					
6451602						269						
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12						
Phillip Garcia			276				н 6929					
			13 State	utory Retirement Third-	party	12b						
8161 Crystal Tunnel Suite 248			emp	loyee plan sick p	ay			233				
Hallland OR 86922-8116			14	Other (see enclosed Notice to Er	nnlovee)	12c						
			'-	Strict (see cholosed Notice to Er	ipioyee)	120						
									H	464		
								12d		I		
									D	724		
	yee's address and ZIP co	de										
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local inc	ome tax		20 Locality name	
SC	779-77	7-503	101067.55	8737.76		235652.18	20	0122	. 98		Brown Island	
MI	693-67	7-981	96262.22	9230.26		229807.53	23	3893	. 34		Garcia Overpass	

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

