F	REISSUED	a Employee's socia	l security number			Safe, Ac	curate,	· • •	z H		Visit the	IRS Websit	e
S	TATEMENT	15	52-47-5066	OMB	No. 1545-00	08 FAST! L	se	5	71	٤	at www.ii	rs.gov/efile.	
b Employer identification number					1 V	1 Wages, tips, other compensation			2 Federal income tax withheld				
41-5917072						132669.29			39764.87				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld				
Garcia Inc Inc						95220.47			7284.37				
683 Bridges Springs Suite 352						5 Medicare wages and tips			6 Medicare tax withheld				
South Meganside DE 72249-7422						99721.64				2891.93			
					7 S	7 Social security tips				8 Allocated tips			
						95220.47				99721.64			
d Control number						9 Advance EIC payment			10 Dependent care benefits				
6995653										288			
e Employee's first name and initial Last name						11 Nonqualified plans				12a See instructions for box 12			
						296			н 4891				
	Lisa Gu	ızman				13 Statutory Retirement Third-party				12b			
415 John Burgs					X					н	444		
South Alexis NE 22736-1855					14 C	ther (see enclosed No	tice to Employe	ee)	12c		i		
											871		
								-	12d		1		
										D	863		
f Emplo	oyee's address and ZIP cod	e						-					
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ıx	18 Local wages, tips	, etc.	19 Lo	ocal inco	me tax		20 Locality	name
DC	965-26	-997	71800.66	4690.57		145923.5		214	476.	04		Wallace	Shoal
DE	550-77	-496	69389.33	4892.39		159832.61	L	158	332.	63		George	Port
	Wage a	Π	Department of the TreasuryInternal Revenue Service										
Form W.	.₂ Statem	ent											

**Statement** Form W-2 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 socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if							
STATEMENT	15	52-47-5066	OMB No	OMB No. 1545-0008 to line 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					Vages, tips, other compensation	2 Federal income tax withheld					
41-5917072					132669.29			39764.87			
c Employer's name, address, and ZIP code Garcia Inc Inc 683 Bridges Springs Suite 352					ocial security wages	4 Social security tax withheld 7284.37 6 Medicare tax withheld 2891.93					
					95220.47						
					ledicare wages and tips						
					99721.64						
South Mega	South Meganside DE 72249-7422				ocial security tips	8 Allocated tips					
					95220.47	99721.64					
d Control number					dvance EIC payment	10 Dependent care benefits					
6995653							288				
e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Lisa Guzman				296			н 4891			
Lisa (					ory Retirement Third-party	12b					
415 John	415 John Burgs					employee plan sick pay					
						(00)	H 12c	444			
South Alexis NE 22736-1855					14 Other (see enclosed Notice to Employee)						
								871			
							12d				
f Employee's address and ZIP	code										
15 State Employer's state ID		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 I	Local income tax		20 Locality name		
DC 965-2	26-997	71800.66	4690.57		145923.5	21	476.04		Wallace Shoal		
DE 550-7	77-496	69389.33	4892.39		159832.61	15	832.63		George Port		

Wage and Tax

**Statement** Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

