

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">426-54-3183</div>		OMB No. 1545-0008		<b>Safe, Accurate, FAST! Use</b>		 Visit the IRS Website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
<b>b Employer identification number (EIN)</b> <div style="text-align: center; font-weight: bold;">75-6263820</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">141176.79</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">44176.06</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">Rodriguez, Garcia and Pierce Group 15589 Mack Corner Apt. 699 West Craigtown MN 28289-4051</div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">145758.21</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">11150.5</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">107893.18</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">3128.9</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">145758.21</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">107893.18</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">74</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">260</div>	
<b>e Employee's first name and initial Last name</b> <div style="text-align: center; font-weight: bold;">Tara Christensen  07644 Sanford Vista Lake John CO 34776-8749</div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">210</div>		<b>12a See instructions for box 12</b> <div style="display: flex; justify-content: space-between;"> <span><b>C Code</b> AA</span> <span><b>4416</b></span> </div>	
				<b>13 Statutory employee Retirement plan Third-party sick pay</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		<b>12b</b> <div style="display: flex; justify-content: space-between;"> <span><b>C Code</b> N</span> <span><b>747</b></span> </div>	
				<b>14 Other</b>		<b>12c</b> <div style="display: flex; justify-content: space-between;"> <span><b>C Code</b> Y</span> <span><b>724</b></span> </div>	
						<b>12d</b> <div style="display: flex; justify-content: space-between;"> <span><b>C Code</b> D</span> <span><b>457</b></span> </div>	
<b>f Employee's address and ZIP code</b>							
<b>15 State</b> <div style="display: flex; justify-content: space-between;"> <span>Employer's state ID number</span> <span><b>FL</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>061-80-380</b></span> <span><b>67328.09</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>3758.1</b></span> <span><b>128088.51</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>15516.87</b></span> <span><b>Rebecca Covess</b></span> </div>	
<div style="display: flex; justify-content: space-between;"> <span><b>AZ</b></span> <span><b>728-98-383</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>64388.59</b></span> <span><b>4197.67</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>104459.26</b></span> <span><b>16328.85</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>Christian Locks</b></span> </div>	

**Wage and Tax  
Statement**

2019

Department of the Treasury--Internal Revenue Service

Form W-2

Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

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Cut here. Keep lower portion for your records.

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">426-54-3183</div>		OMB No. 1545-0008		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 this income is taxable and you fail to report it.			
<b>b Employer identification number</b> <div style="text-align: center; font-weight: bold;">75-6263820</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">141176.79</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">44176.06</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">Rodriguez, Garcia and Pierce Group 15589 Mack Corner Apt. 699 West Craigtown MN 28289-4051</div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">145758.21</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">11150.5</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">107893.18</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">3128.9</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">145758.21</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">107893.18</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">7440762</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">260</div>	
<b>e Employee's first name and initial Last name</b> <div style="text-align: center; font-weight: bold;">Tara Christensen  07644 Sanford Vista Lake John CO 34776-8749</div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">210</div>		<b>12a See instructions for box 12</b> <div style="display: flex; justify-content: space-between;"> <span><b>AA</b></span> <span><b>4416</b></span> </div>	
				<b>13 Statutory employee Retirement plan Third-party sick pay</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		<b>12b</b> <div style="display: flex; justify-content: space-between;"> <span><b>N</b></span> <span><b>747</b></span> </div>	
				<b>14 Other (see enclosed Notice to Employee)</b>		<b>12c</b> <div style="display: flex; justify-content: space-between;"> <span><b>Y</b></span> <span><b>724</b></span> </div>	
						<b>12d</b> <div style="display: flex; justify-content: space-between;"> <span><b>D</b></span> <span><b>457</b></span> </div>	
<b>f Employee's address and ZIP code</b>							
<b>15 State</b> <div style="display: flex; justify-content: space-between;"> <span>Employer's state ID number</span> <span><b>FL</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>061-80-380</b></span> <span><b>67328.09</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>3758.1</b></span> <span><b>128088.51</b></span> </div>		<div style="display: flex; justify-content: space-between;"> <span><b>15516.87</b></span> <span><b>Rebecca Covess</b></span> </div>	
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**Wage and Tax  
Statement**

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Department of the Treasury--Internal Revenue Service

Form W-2

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)

Safe, accurate,  
FAST! Use

