

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning MAY 1, 2019, and ending APR 30, 2020

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.**2019**Department of the Treasury
Internal Revenue Service

Name of exempt organization

**ECONOMIC OPPORTUNITIES ADVANCEMENT
CORP OF PLANNING REGION XI**

Employer identification number

74-1549077

Name and title of officer

**DOROTHY MARSTALLER
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>19,442,206.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MCCONNELL & JONES LLP**

ERO firm name

to enter my PIN **49077**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 03/15/21**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76299791555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/15/21

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

09330315 783345 100000031.2100

2019.05070 ECONOMIC OPPORTUNITIES AD 10000001

Product: Exempt
 Name: Economic Opportunities
 Advancement Corp of Planning Region
 XI
 FEIN: *****9077

Category:

IRS Center: Ogden
 e-Postmark: 3/15/2021 3:10 PM

Notification: Email

Fiscal Year Begin Date: 5/1/2019

Fiscal Year End Date: 4/30/2020

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
03/15/2021	19X:100000031.2100:V1	Upload Started			Hale- Knight,Cindy	
03/15/2021	19X:100000031.2100:V1	Ready to Release by Customer				
03/15/2021	19X:100000031.2100:V1	Released for Transmission - Validation in Progress			Hale-Knight, Cindy	
03/15/2021	19X:100000031.2100:V1	Ready to transmit - Validation Complete				
03/15/2021	19X:100000031.2100:V1	Transmitted to FD	7629972021074034be21			
03/15/2021	19X:100000031.2100:V1	Accepted by FD on 3/15/2021				

Cassandra Bianchi

From: Karen Hu <yhu@mjljm.com>
Sent: Thursday, February 25, 2021 11:53 AM
To: Cassandra Bianchi
Subject: PBC Request for 990 of Economic Opportunities Advancement Corporation

CAUTION: This email originated from outside of the organization! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe!

Good morning,

My name is Karen Hu with McConnell & Jones LLP, and I will prepare the 990 of Economic Opportunities Advancement Corporation for FY 2019-2020. Please provide the following information for the return:

1. Please confirm the officer to sign the 990 is Dorothy Marstaller – Executive Director.
2. Please provide the name and telephone number of person who handles the organization's accounting records.
3. Number of voting members of the governing body at the end of the tax year
4. Number of independent voting members of the governing body at the end of the tax year
5. Total number of volunteers (estimate if necessary) during the tax year
6. Number of Form 1099 issued for calendar year 2019 - 2220
7. Number of employees reported on Form W-3 for calendar year 2019 354
8. List of board directors. Please include name, title, average hours per week, and compensation from the organization, if any.
9. For officers who are not board members, Please provide their name, title, weekly hours and 2019 W-2 forms.
10. Total number of independent contractors who received more than \$100,000 of compensation for calendar year 2019. Please list the five highest compensated independent contractors, including their name, address, amount received, and description of services provided.

Thanks! Please let me know if you have any questions.

Best regards,

Karen Hu

Tax Staff

yhu@mjljm.com

McConnell & Jones LLP

4828 Loop Central Drive, Suite 1000, Houston, TX 77081

(713) 968-1620 (Direct Phone)

(713) 968-1600 (Main Phone)

(713) 968-1640 (Fax)

www.mcconnelljones.com

a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 84632.31	2 Federal income tax withheld 6842.03
OMB No. 1545-0008	3 Social security wages 84632.31	4 Social security tax withheld 5247.20
b Employer identification number 74-1549077	5 Medicare wages and tips 84632.31	6 Medicare tax withheld 1227.17
c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CORP 500 FRANKLIN AVE WACO TX 76701		
e Employee's first name and initial KRISTINE M JACKSON 303 W DENISON DR ROBINSON TX 76706		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 7777.96	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
16 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury-Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 84632.31	2 Federal income tax withheld 6842.03
OMB No. 1545-0008	3 Social security wages 84632.31	4 Social security tax withheld 5247.20
b Employer identification number 74-1549077	5 Medicare wages and tips 84632.31	6 Medicare tax withheld 1227.17
c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CORP 500 FRANKLIN AVE WACO TX 76701		
e Employee's first name and initial KRISTINE M JACKSON 303 W DENISON DR ROBINSON TX 76706		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 7777.96	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
16 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2019** Copy C - For EMPLOYEE'S RECORDS.

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.

a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 84632.31	2 Federal income tax withheld 6842.03
OMB No. 1545-0008	3 Social security wages 84632.31	4 Social security tax withheld 5247.20
b Employer identification number 74-1549077	5 Medicare wages and tips 84632.31	6 Medicare tax withheld 1227.17
c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CORP 500 FRANKLIN AVE WACO TX 76701		
e Employee's first name and initial KRISTINE M JACKSON 303 W DENISON DR ROBINSON TX 76706		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans
12a DD 7777.96	14 Other	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
16 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 452-91-3483	1 Wages, tips, other compensation 84632.31	2 Federal income tax withheld 6842.03
OMB No. 1545-0008	3 Social security wages 84632.31	4 Social security tax withheld 5247.20
b Employer identification number 74-1549077	5 Medicare wages and tips 84632.31	6 Medicare tax withheld 1227.17
c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CORP 500 FRANKLIN AVE WACO TX 76701		
e Employee's first name and initial KRISTINE M JACKSON 303 W DENISON DR ROBINSON TX 76706		
f Employee's address and ZIP code		
d Control number	7 Social security tips	8 Allocated tips
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12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
16 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 465-88-6734		1 Wages, tips, other compensation 83271.26		2 Federal income tax withheld 21200.86	
OMB No. 1545-0008		3 Social security wages 108271.26		4 Social security tax withheld 6712.82	
b Employer identification number 74-1549077		5 Medicare wages and tips 108271.26		6 Medicare tax withheld 1569.85	
c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CORP 500 FRANKLIN AVE WACO TX 76701					
e Employee's first name and initial DOROTHY		Last name MARSTALLER		Suff.	
289 SAFFLE ROAD ROBINSON TX 76706					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits		11 Nonqualified plans	
12a E 25000.00		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury-Internal Revenue Service
Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 465-88-6734		1 Wages, tips, other compensation 83271.26		2 Federal income tax withheld 21200.86	
OMB No. 1545-0008		3 Social security wages 108271.26		4 Social security tax withheld 6712.82	
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e Employee's first name and initial DOROTHY		Last name MARSTALLER		Suff.	
289 SAFFLE ROAD ROBINSON TX 76706					
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12a E 25000.00		14 Other			
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12c					
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15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2019** Copy C - For EMPLOYEE'S RECORDS.

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.

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e Employee's first name and initial DOROTHY		Last name MARSTALLER		Suff.	
289 SAFFLE ROAD ROBINSON TX 76706					
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a Employee's SSN 465-88-6734		1 Wages, tips, other compensation 83271.26		2 Federal income tax withheld 21200.86	
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c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CORP 500 FRANKLIN AVE WACO TX 76701					
e Employee's first name and initial DOROTHY		Last name MARSTALLER		Suff.	
289 SAFFLE ROAD ROBINSON TX 76706					
f Employee's address and ZIP code					
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9		10 Dependent care benefits		11 Nonqualified plans	
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12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2019** Department of the Treasury-Internal Revenue Service
Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

ECONOMIC OPPORTUNITIES ADVANCEMENT CORP

Vendor Activity

From 1/1/2019 Through 12/31/2019

Vendor Name	Payments
TXU ENERGY ASSISTANCE GROUP	(1,279,647.31)
BLUE CROSS BLUE SHIELD OF TEXAS	(1,077,407.53)
SKUNK DADDY SERVICES LLC	(453,702.73)
LITTLE CHRISTIAN ACADEMY III	(415,855.67)
WACO CHILD DEVELOPMENT CENTER	(352,006.33)
EOAC HEALTH PLAN	(332,380.75)
FAITH ACADEMY CHILD CARE CENTER	(321,654.78)
LIVING WORD CHRISTIAN ACADEMY AND DAYCARE INC	(318,422.30)
HANDPRINTS ACADEMY	(308,627.90)
BRIGHT HORIZONS CHILD CARE CENTER	(289,398.17)
US FOODS	(266,567.56)
ASPIRING FUTURE LEADERS ACADEMY LLC	(265,849.45)
YOUNG EXPRESSION DAYCARE LLC	(262,284.61)
AUNT ROSIES DAY CARE	(246,603.29)
BUTTERLAND CDC	(233,054.12)
STELLAR PREP ACADEMY LLC dba LITTLE PEOPLES LEARNING CENTER	(229,315.30)
RELIANT ENERGY	(223,181.64)
MUTUAL OF AMERICA	(215,572.28)
TAMMY'S LEARNING CENTER	(205,764.52)
DIRECT ENERGY	(204,844.74)
GREATER WACO EARLY EDUCATION CENTER	(199,485.41)
A & H REFRIGERATION CO	(191,829.00)
KIDZ TURN	(187,514.38)
OAKLAWN BAPTIST DAY CARE	(184,857.97)
GUARDIAN	(182,160.62)
WACO MASTER CLEANING	(163,156.20)
CANDY CANE CORNER	(161,380.82)
STREAM ENERGY	(151,529.08)
MARY STREET LTD	(150,228.00)
CHILDREN FIRST LEARNING CENTER	(148,467.43)
JUST ENERGY INC	(133,204.39)
FUTURE MINDS CHILD CARE	(123,385.85)
BRITE START CHILDCARE CENTER	(122,951.57)
GOLDEN APPLE ACADEMY	(116,500.24)
EXTRACO TECHNOLOGY	(110,157.84)
FIRST CHOICE POWER	(109,422.68)
McGREGORS KID STOP CDC	(109,041.02)
WACO HARVEST TIME CHRISTIAN	(108,351.82)
GREEN MOUNTAIN ENERGY COMPANY	(107,689.00)
AMERIPOWER, LLC	(106,861.49)
LITTLE TYKE RANCH CDC	(95,773.69)
BABES N TOTS CHILD CARE CENTER	(95,191.71)
CONNALLY I S D CHILD CARE	(83,036.64)
CARD SERVICE CENTER	(82,671.52)
WACO CHILD DEVELOPEMENT, INFANT	(82,453.62)
KINGDOM BUILDERS FOR CHRIST CCC	(82,381.25)
BERKLEY HUMAN SERVICES	(78,562.50)
IMAGINE GREATNESS	(77,845.78)
YMCA - EDNA	(77,517.12)
AMBIT ENERGY	(77,463.55)
TEXAS MUTUAL INSURANCE CO.	(76,272.58)

Cassandra Bianchi

From: Kristine Jackson
Sent: Wednesday, December 18, 2019 1:53 PM
To: Alex Zou
Cc: Cindy Hale-Knight
Subject: RE: Information Request for Form 990

I'll have the rest of the info by the end of next week.

Kris Jackson
CFO/Controller
Economic Opportunities Advancement Corporation of Planning Region XI
Office: (254) 753-0331 ext. 1502
Fax: (254) 754-1031

From: Alex Zou <azou@mjlm.com>
Sent: Wednesday, December 18, 2019 10:49 AM
To: Kristine Jackson <kristine.jackson@eoacwaco.org>
Cc: Cindy Hale-Knight <cknight@mjlm.com>
Subject: Information Request for Form 990

CAUTION: This email originated from outside of the organization! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe!

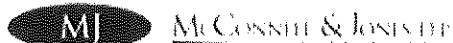
Hello Kristine,

My name is Alex. I am assigned to prepare EOAC 2018 Form 990. Please provide the following information so we can finish the tax return as soon as the audit is finished:

- (1) Please provide 2018 W-2 forms of the officers.
- (2) Is average hours per week the same as 2017?
- (3) Total number of forms reported in Box 3 of Form 1096.
- (4) Number of voting members of the governing body - 15
- (5) Number of independent voting members of the governing body - 15
- (6) Number of employees reported on Form W-3
- (7) Total number of volunteers.
- (8) Please provide your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization, including name, address, description of services, and payment amount.
- (9) Please confirm if the executive director is Dorothy Marstaller. - yes

Let me know if you have any questions. Thank you.

Best Regards,
Shuai (Alex) Zou, CPA
Tax Experienced Staff
azou@mjlm.com



McConnell & Jones LLP
4828 Loop Central Drive, Suite 1000, Houston, TX 77081

(713) 968-1600 (phone)
(713) 968-1638 (direct phone)
(713) 968-1640 (main fax)
www.mcconnelljones.com

The information contained in this message (including attachments) may be legally privileged and confidential and protected from disclosure by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any retention, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.

33333		a Control number		For Official Use Only OMB No. 1545-0008		Aatrix Rev. 11/08/18	
b Kind of Payer (Check one)		<input checked="" type="checkbox"/> 941 Military <input type="checkbox"/> 943 Hshld. emp. <input type="checkbox"/> 944 Medicare govt. emp.		Kind of Employer (Check one)		None apply <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input checked="" type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt.	
c Total number of Forms W-2		d Establishment number		1 Wages, tips, other compensation		2 Federal income tax withheld	
366				7263972.41		553999.10	
e Employer identification number (EIN)				3 Social security wages		4 Social security tax withheld	
74-1549077				6292063.44		390107.99	
f Employer's name				5 Medicare wages and tips		6 Medicare tax withheld	
ECONOMIC OPPORTUNITIES ADVANCE				7373489.91		106915.58	
500 FRANKLIN AVE WACO TX 76701 -				7 Social security tips		8 Allocated tips	
				9		10 Dependent care benefits	
				11 Nonqualified plans		12a Deferred compensation	
g Employer's address and ZIP code				13 For third-party sick pay use only		12b	
h Other EIN used this year							
15 State Employer's state ID number				14 Income tax withheld by payer of third-party sick pay			
18 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
Employer's contact person		Employer's telephone number		For Official Use Only			
KRISTINE JACKSON		254 753-0331		0000/1048			
Employer's fax number		Employer's email address					
254 754-0046		KRISTINE.JACKSON@EOACWACO.ORG					

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶ 01/26/19

Form W-3 Transmittal of Wage and Tax Statements 2018

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA. Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2018 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA that you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Form W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on-line if submitted by January 31, 2019. For more information, go to www.SSA.gov/bsa. First time filers, select "Register"; returning filers select "Log In."

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by January 31, 2019.

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration
Data Operations Center
Wilkes-Barre, PA 18769-0001

Note. If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

22222		Void <input type="checkbox"/>		a Employee's social security number 452-91-3483		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN) 74-1549077				1 Wages, tips, other compensation 74539.87		2 Federal income tax withheld 5788.18	
c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CO 500 FRANKLIN AVE WACO TX 76701				3 Social security wages 74539.87		4 Social security tax withheld 4621.47	
				5 Medicare wages and tips 74539.87		6 Medicare tax withheld 1080.82	
				7 Social security tips		8 Allocated tips	
d Control number				9 Verification code		10 Dependent care benefits	
e Employee's first name and Initial KRISTINE M		Last name JACKSON		11 Nonqualified plans		12a See instructions for box 12 DD 5002.92	
f Employee's address and ZIP code 303 W DENISON DR ROBINSON TX 76706				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	
						A	

22222		Void <input type="checkbox"/>	a Employee's social security number 465-88-6734		For Official Use Only ► OMB No. 1545-0008	
b Employer identification number (EIN) 74-1549077			1 Wages, tips, other compensation 71258.61		2 Federal income tax withheld 18158.42	
c Employer's name, address, and ZIP code ECONOMIC OPPORTUNITIES ADVANCEMENT CO 500 FRANKLIN AVE WACO TX 76701			3 Social security wages 78758.61		4 Social security tax withheld 4883.03	
			5 Medicare wages and tips 78758.61		6 Medicare tax withheld 1141.93	
			7 Social security tips		8 Allocated tips	
d Control number			9 Verification code		10 Dependent care benefits	
e Employee's first name and initial DOROTHY		Last name MARSTALLER		Suff.		11 Nonqualified plans
f Employee's address and ZIP code 289 SAFFLE ROAD ROBINSON TX 76706			12a See instructions for box 12 E 7500.00		12b	
			12c		12d	
			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		14 Other	
			15 State wages, tips, etc.		16 State income tax	
17 State		18 Local wages, tips, etc.		19 Local income tax		20 Locality name