R	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							
ST	FATEMENT	19	96-70-7120	OMB N	o. 1545-0	0008 FAS	T! Use	E III	at v	www.irs.gov/efi	le.	
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld			
72-1902749						76726.89			22115.91			
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld			
Davis Inc Group					95424.23			7	7299.95			
73227 Jones Greens Liview OH 93340-2766					5 Medicare wages and tips			6	6 Medicare tax withheld			
					79727.94				2312.11			
					7 Social security tips				8 Allocated tips			
					95424.23				79727.94			
d Control number					9 Advance EIC payment 10 Dependent care benefits							
7022141									165			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
					250				P 2943			
Raymond Marquez					13 Stat			12b				
79230 Sherri Run Smithmouth ND 95635-0198					employee plan sick pay				669			
					14 Other (see enclosed Notice to Employee)			yee) 12c	ı			
									153			
								12d	12d			
									12	00		
4 Fla-	vee's address and ZIP cod	_							12	2.6		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wage	es, tips, etc.	19 Local inc	come tax	20 Local	ity name	
IN	401-80	-998	38043.09	1608.12		67165.	53	11476	.53	Amber	Place	
AZ	027-58	-099	38781.24	1977.32		77734.	84	13090	. 37	Beck	Falls	
LL			I			<u> </u>		1				

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 social security number				This information is being furnished to the Internal Revenue Service. If you are required							
S	TATEMENT 196-70-7120 OMB No.					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			
72-1902749					76726.89			22115.91				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Davis Inc Group					95424.23			7299.95				
73227 Jones Greens					5	Medicare wages and tips		6 Medicare tax withheld				
					79727.94			2312.11				
	Liview OH 93340-2766					7 Social security tips			8 Allocated tips			
					95424.23			79727.94				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	7022141								165			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
_ , .,				250			P 2943					
	Raymond Marquez 79230 Sherri Run Smithmouth ND 95635-0198				13 State			12b				
					employee plan sick pay			669				
					14	Other (see enclosed Notice to Employ	ree)	12c				
								153				
								12d				
					1			128				
f Employee's address and ZIP code					140 1	10.1	12		00.1			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax				19 Local income tax		20 Localit	<i>'</i>	
IN	401-80)-998 	38043.09	1608.12	67165.53 1		11	11476.53		Amber	Place	
AZ	027-58	027-58-099 38781.24 1977.32		1977.32		77734.84	13	090.37		Beck	Falls	

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

