REISSU	REISSUED a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
STATEM	ENT 1:	28-05-7967	OMB N	o. 1545-00	008 FAST! Use	e		le :	at www.irs.	gov/efile.	
<b>b</b> Employer identific	<b>b</b> Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
56-7117295				102412.58			1	17134.38			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Walters and Sons Group				107223.44			8	8202.59			
200 Joshua Stream				5 Medicare wages and tips				6 Medicare tax withheld			
				76659.16				2223.12			
South Nancymouth FL 22524-5311				7 Social security tips			8	- · · · · · · · · · · · · · · · · · · ·			
					107223.44			76659.16			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
9144307								229			
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12			
				192				P 7164			
Douglas Davis				13 Statutory Retirement Third-party				1			
1221 Brady Glens Apt. 136					employee plan sick pay			E 452			
Mendozastad TX 36791-6608					14 Other (see enclosed Notice to Employee)			1			
Mendozas cad IX 30731 0000									728		
							12d	1:=:			
								_	F00		
								E	599		
f Employee's addre	ss and ZIP code er's state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, e	tc. 19	9 Local inc	ome tax	12	20 Locality name	
WV	539-53-482	56147.15	5920.96		116708.17		1378	.23		Pierce Ville	
								· _ <b>-</b> -			
IL	161-97-666	56264.66	6111.55		76788.79	1	9905	. 62	1	Maria Passage	

Wage and Tax

Form W-2 Statement

5010

Cut here. Keep lower portion for your records.

Department of the Treasury--Internal Revenue Service

Copy B--To Be Filed with Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

RE	EISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	ATEMENT	12	28-05-7967	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 Employer identification number				1 Wages, tips, other compensation 2 Federal income tax with				withheld			
56-7117295				102412.58			17134.38				
<b>c</b> Employe	er's name, address, and Z	IP code			3 Social security wages			4 Social security tax withheld			
Walters and Sons Group				107223.44			8202.59				
200 Joshua Stream				5 Medicare wages and tips			6 Medicare tax withheld				
					76659.16			2223.12			
South Nancymouth FL 22524-5311				7 Social security tips			8 Allocated tips				
				107223.44			76659.16				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
9144307								229			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
				192			P 7164				
Douglas Davis				13 Statutory Retirement Third-party employee plan sick pay			12b	1			
1221 Brady Glens Apt. 136				emple	pyee plan sick pay		E	452			
Mendozastad TX 36791-6608					14 Other (see enclosed Notice to Employee)			12c			
Mendozastad IX 30791-0000								728			
			12d								
									1		
					!			E 599			
f Employee's address and ZIP code					<b>.</b>						
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3, , , , , , ,		Local income ta	20 Locality name		
WV	539-53	-482	56147.15	5920.96		116708.17		378.23		Pierce Ville	
IL	161-97	-666	56264.66	6111.55		76788.79	19	905.62		Maria Passage	

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

