REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website								
S	TATEMENT	78	81-10-2214	OMB	No. 1545-00	08 FAST! U	se	G ~11	IE	at www.i	rs.gov/efile	١.	
b Employer identification number						 Wages, tips, other compensation 			Federal income tax withheld				
24-7249656						218459.38			77097.91				
c Emplo	yer's name, address, and 2	3 S	3 Social security wages				4 Social security tax withheld						
Burgess, Wilson and Davis and Sons						260843.55				19954.53			
	6838 Roth R	5 N	5 Medicare wages and tips			6 Medicare tax withheld							
_						239606.16			6948.58				
Lunaville KS 84261-3796					7 S	7 Social security tips				8 Allocated tips			
						260843.55			239606.16				
d Control number						9 Advance EIC payment			10 Dependent care benefits				
8531130										244			
e Emplo	yee's first name and initial	Last nam	е		11 N	11 Nonqualified plans			12a See instructions for box 12				
						269				8918			
	Jasmine Jimenez					13 Statutory Retirement Third-party				1			
5141 Moore Common						employee plan sick pay				738			
Deborahland DE 58293-1463					14 C	ther (see enclosed Not	tice to Employe	ee) 12c		1			
									G	198			
										12d			
									D	921			
f Emplo	yee's address and ZIP cod	lo.							ע	921			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income ta	ıx	18 Local wages, tips,	etc.	19 Local in	come tax	(20 Locality	name	
WV	307-17	-246	112120.44	5960.9		263715.34		37525	.31		Sanford	Squares	
LA	414-54	-957	111344.5	4634.11		201807.86		24720	.79		Monroe	Hills	
Wage and Tax						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 social security number					This information is being turnished 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								
S	FATEMENT	7	81-10-2214	OMB	lo. 1545-0	to file a tax retui				ction may b	be imposed on you if		
b Emplo	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld				
	24-7249656					218459.38			77097.91				
c Emplo	c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
	Burgess, Wilson and Davis and Sons					260843.55				19954.53			
6838 Roth Ridge					5 Medicare wages and tips				6 Medicare tax withheld				
	Lunaville KS 84261-3796					239606.16				6948.58			
						7 Social security tips				8 Allocated tips			
						260843.55			239606.16				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits				
	8531130									244			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12				
						269				8918			
	Jasmine Jimenez 5141 Moore Common					13 Statutory Retirement Third-party employee plan sick pay X				ı			
										D 738			
Deborahland DE 58293-1463					14 Other (see enclosed Notice to Employee)				12c				
									G	G 198			
								12		130			
									_	001			
									D	921			
f Emplo 15 State	yee's address and ZIP cod Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	e etc	10 1 003	Il income tax	,	20 Locality name		
	, .,		=		3,.,.,								
WV	307-17	-240	112120.44	5960.9		263715.34	±	3/52	25.31		Sanford Squares		
LA	414-54	-957	111344.5	4634.11		201807.86		2472	20.79	Monroe Hills			

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

