REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website							
STATEMENT 297-33-9225	OMB No.	1545-0008	FAST! Use	5	file	at www.ir	rs.gov/efile.		
b Employer identification number	·	1 Wage	s, tips, other compensation		2 Federa	I income tax	withheld		
31-5473408			40498.05			7181.59			
c Employer's name, address, and ZIP code		3 Social security wages			4 Social security tax withheld				
Davis Ltd PLC			31646.24			2420.94			
584 Shawna Ranch Lake Lisafurt AL 79634-4223			5 Medicare wages and tips			6 Medicare tax withheld			
			5593.07		1322.2				
			7 Social security tips			8 Allocated tips			
			31646.24			45593.07			
d Control number		9 Adva	nce EIC payment		10 Depend	dent care be	enefits		
6003024						114			
e Employee's first name and initial Last name		11 Nonq	ualified plans		12a See in	structions f	or box 12		
			223			4300			
Dr. Dominic		13 Statutory employee	Retirement Third-party	/	12b	1			
6555 Jason Village			plan sick pay			649			
Smithbury DC 36313-1816			14 Other (see enclosed Notice to Employee)			1			
					н	296			
			1			12d			
					Н	170			
f Employee's address and ZIP code						ı			
15 State Employer's state ID number 16 State wages, tips, etc.	17 State income tax	18	Local wages, tips, etc.	19 Lo	ocal income tax	(20 Locality name		
IN 115-72-868 20637.69	961.79	30044.8 5		581	813.32		Cook Expressway		
MD 482-67-525 22154.89	1191.19	49	9667.56	681	15.93		Patricia Well		

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.

	REISSUED	a Employee's soci	al security number 97-33-9225	OMB N	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						
	TATEMENT	2:	91-33-9223	OIVID IV	this income is taxable and you fail to report it.						
b Employer identification number			1 Wages, tips, other compensation								
31-5473408				40498.05			7181.59				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld					
Davis Ltd PLC					31646.24			2420.94			
584 Shawna Ranch				5 Medicare wages and tips			6 Medicare tax withheld				
Lake Lisafurt AL 79634-4223			45593.07			1322.2					
			7 Social security tips			8 Allocated tips					
				31646.24			45593.07				
d Control number			9 Advance EIC payment			10 Dependent care benefits					
6003024						114					
e Employee's first name and initial Last name			11 Nonqualified plans 12			12a See ir	12a See instructions for box 12				
Dr. Dominic			223			4300					
			13 Stat			12b	ĺ				
6555 Jason Village			employee plan sick pay				649				
Smithbury DC 36313-1816			14 Other (see enclosed Notice to Employee)			12c					
						н	296				
		12d									
								Н	170		
	oyee's address and ZIP co		T .	_							
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		Local income ta	x	20 Locality name	
IN	115-72	2-868	20637.69	961.79		30044.8	58	13.32		Cook Expressway	
MD	482-67	7-525	22154.89	1191.19		49667.56	68	15.93		Patricia Well	

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

