REISSUED	a Employee's socia	al security number			Safe, Ad	curate,			Visit the	IRS Webs	site		
STATEMENT	48	32-14-7723	OME	B No. 1545-0	008 FAST! U	Jse	G~IL	le	at www.i	rs.gov/efil	e.		
b Employer identification number				1 '	1 Wages, tips, other compensation			Federal income tax withheld					
26-1109917					181762.0				37072.28				
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Duarte, Clark and Browning Group					168624.93				12899.81				
5041 James Valley Suite 800				5					6 Medicare tax withheld				
Obrienville WA 22481-4926					209652.97				6079.94				
					7 Social security tips				8 Allocated tips				
					168624.93			209652.97					
d Control number					Advance EIC payment		10	Depend	dent care be	enefits			
9716955							166						
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12				
					211			E 4044					
Tim Dennis					13 Statutory Retirement Third-party employee plan sick pay				1				
6856 Judy Mountain					X	X		G	437				
North Kathleen IN 85557-6195					14 Other (see enclosed Notice to Employee)				1				
								699					
							12d						
								P	173				
f Employee's address and ZIP co	de												
15 State Employer's state ID r	umber	16 State wages, tips, etc.	17 State income t	tax	18 Local wages, tip	s, etc.	19 Local in	come tax		20 Localit	ty name		
NJ 167-4	0-763	82221.37	3435.34		217914.18 2		26667	26667.02			Plaza		
LA 715-2	5-734	90487.4	4869.89		157491.9		32183.35			Thomas	Forges		

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.

RE	EISSUED	a Employee's socia	l security number		This information is being furnished to the Internal Revenue Service. If you are required							
ST/	ATEMENT	48	2-14-7723	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 V	Vages, tips, other compensation		2 Federal income tax withheld					
26-1109917					181762.0	37072.28						
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Duarte, Clark and Browning Group					168624.93	12899.81						
5041 James Valley Suite 800				5 N	Medicare wages and tips	6 Medicare tax withheld						
Obrienville WA 22481-4926					209652.97	6079.94 8 Allocated tips						
				7 S	Social security tips							
					168624.93	209652.97						
d Control number					9 A	dvance EIC payment		10 Dependent care benefits				
9716955									1	66		
e Employee's first name and initial Last name				11 N	lonqualified plans		12a See instructions for box 12					
Tim Dennis				211			E 4044					
				13 Statu emple			12b	1				
6856 Judy Mountain					X X G 437			37				
North Kathleen IN 85557-6195				14 0	Other (see enclosed Notice to Employ	12c						
							699					
							12d					
									n	72		
						P 173						
f Employee's address and ZIP code 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 na			v name			
NJ	167-40		82221.37	3435.34		3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6667.02			Alex	•
NO	10,-40	, , , , , , , , , , , , , , , , , , , ,	02221.31	J4JJ.J4		Z11314.10	20	007.	UZ		viex	FIAZA
LA	715-25	-734	90487.4	4869.89		157491.9	32	183.	35		Thomas	Forges

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

