R	REISSUED	a Employee's socia	I security number				Safe, Acc	urate,	0 .6		Visit the	IRS Website	
ST	<b>TATEMENT</b>	48	5-49-9449	OMB N	o. 1545-	8000	FAST! Us	se 💮	e~f	16	at www.i	rs.gov/efile.	
<b>b</b> Employ	yer identification number				1	1 Wages, tips, other compensation				2 Federal income tax withheld			
13-2072530					85137.86					21132.25			
c Employer's name, address, and ZIP code					3 Social security wages				4	4 Social security tax withheld			
Brooks-Davis and Sons					72513.17				. !	5547.26			
015 Dawn Divide Suite 074 Lake Lindashire NV 80202-1740					5 Medicare wages and tips				6				
					109436.76					3173.67			
					7 Social security tips				8	8 Allocated tips			
					72513.17					109436.76			
d Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits				
	4850500								260				
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
	-1				270					3481			
	Sherri Robinson					13 Statutory Retirement Third-party				12b			
769 Lambert Valleys Pamelaborough KS 73368-8152					mployee plan sick pay  X Sick pay  14 Other (see enclosed Notice to Employee)					E	451		
									ee) 12c				
										E	283		
									12d				
										_			
										E	797		
	yee's address and ZIP cod		140.000	47 0001 10000		140.1	1	1	10			00 1	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ll wages, tips,		19 Local in		(	20 Locality name	
MD	230-72	-580	43573.0	3741.01		1102	271.98		14667	. 4		Phillips River	
LA	008-59	-378	45763.79	4139.18		7437	75.92		11307	.46		Reynolds Vista	

Wage and Tax Statement

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 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
S	<b>STATEMENT</b> 485-49-9449 OMB NO.					No. 1545-0008 this income is taxable and you fail to report it.						
<b>b</b> Employer identification number					1 '	Wages, tips, other compensation		Federal income tax withheld				
13-2072530						85137.86	21132.25					
c Employer's name, address, and ZIP code						Social security wages	4 Social security tax withheld					
Brooks-Davis and Sons						72513.17	5547.26					
015 Dawn Divide Suite 074 Lake Lindashire NV 80202-1740					5 1	Medicare wages and tips	6 Medicare tax withheld 3173.67					
						109436.76						
					7 :	Social security tips	8 Allocated tips					
						72513.17	109436.76					
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	4850500								260			
e Emplo	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
	Sherri Robinson				13 State	270	3481					
769 Lambert Valleys Pamelaborough KS 73368-8152					employee plan sick pay			E	E 451			
					14 (	Other (see enclosed Notice to Employ	12c					
									283			
							ŀ	12d				
									797			
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.	40.1	ocal income tax		20		
	· ·		9			3				20 Locality name		
MD	230-7	2-580	43573.0	3741.01		110271.98	⊥4	667.4		Phillips River		
LA	008-5	9-378	45763.79	4139.18		74375.92	11	307.46		Reynolds Vista		

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

