F	REISSUED	a Employee's socia	al security number				Safe, Accu	rate,		H	Visit the	IRS Website	
S	<b>TATEMENT</b>	00	7-46-5298	OMB N	lo. 1545-0	8000	FAST! Use		5~ I	ile	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation				2 Federal income tax withheld			
01-1413354						77332.41				24485.34			
c Employer's name, address, and ZIP code						3 Social security wages				4 Social security tax withheld			
Hunt-Davis Group						75673.68				5789.04			
72029 Maria Station Apt. 510 Doyleborough NC 59195-5750					5 Medicare wages and tips				6				
					56734.77 7 Social security tips				8	1645.31  8 Allocated tips			
					75673.68					56734.77			
d Control number					9	9 Advance EIC payment			10	10 Dependent care benefits			
5952133										123			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
Christina Howard 988 Hall Meadow Suite 240 Josebury KS 31726-2785					127				P 4307				
					13 Statutory Retirement Third-party sick pay			12b		1			
									58				
					14	14 Other (see enclosed Notice to Employee)				12c			
										D	614		
										12d			
											887		
	yee's address and ZIP cod			•									
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			I wages, tips, e		19 Local i		X	20 Locality name	
WY	100-44	-798	38622.01	3902.55		82061.4		15318	5318.35		Richard Forks		
DE	763-44	-814	39974.64	3364.99		85974.83			13790.27			Jill Mountain	

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 requi											
1	TATEMENT	00	7-46-5298	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					/ages, tips, other compensation	ian to i	2 Federal income tax withheld				
01-1413354						77332.41		24485.34				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Hunt-Davis Group						75673.68		5789.04				
72029 Maria Station Apt. 510					5 N	ledicare wages and tips		6 Medicare tax withheld				
						56734.77		1645.31				
	Doyleborough NC 59195-5750				<b>7</b> S	ocial security tips		8 Allocated tips				
						75673.68		56734.77				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	5952133								123			
e Emplo	oyee's first name and initial	Last name	•		11 Nonqualified plans			12a See instructions for box 12				
	Christina Howard 988 Hall Meadow Suite 240				127 13 Statutory Retirement Third-party			P 4307				
					employee plan sick pay			120	580			
					14 0	ther (see enclosed Notice to Employ	ree)	12c				
	Josebury KS 31726-2785							D 614				
							-	D 614				
								120				
								887				
f Employee's address and ZIP code									1			
15 State			16 State wages, tips, etc.	17 State income tax		3, , , .,		19 Local income tax		20 Locality name		
WY	100-44	1-798	38622.01	3902.55		82061.4 1		15318.35		Richard Forks		
DE	763-44	-814	39974.64	3364.99		85974.83	137	790.27		Jill Mountain		

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

