| REISSUED a Employee's social security number | | Safe, Accurate, Visit the IRS Website | | | | |
|---|------------------|---------------------------------------|---|---------------------------------|--|--|
| STATEMENT 565-87-3734 | OMB No. 1545 | -0008 FAST! Use | at www.irs.g | ov/efile. | | |
| b Employer identification number | 1 | Wages, tips, other compensation | Federal income tax with | hheld | | |
| 47-8118849 | | 167005.8 | 33971.55 | | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 Social security tax with | held | | |
| Davis Ltd LLC | | 199147.34 | 15234.77 | 15234.77 | | |
| 552 Jesse Valleys Suite 734 | 5 | Medicare wages and tips | 6 Medicare tax withheld | | | |
| Erinport NC 43745-1331 | | 169046.59 | | 4902.35 | | |
| Ellipoit NC 45/45-1551 | 7 | Social security tips | 8 Allocated tips | · | | |
| | | 199147.34 | 169046 | | | |
| d Control number | 9 | Advance EIC payment | 10 Dependent care benef | 10 Dependent care benefits | | |
| 3859838 | | | 233 | 233 | | |
| e Employee's first name and initial Last name | | Nonqualified plans | 12a See instructions for b | 12a See instructions for box 12 | | |
| D-41- 77-11- | | 134 | E 4831 | E 4831 | | |
| Beth Wells | | tatutory Retirement Third-party | 12b | | | |
| 093 Lawrence Squares Suite 551 | | mployee plan sick pay | 236 | | | |
| Port Tinaside KY 34655-8459 | 14 | Other (see enclosed Notice to Employ | ee) 12c | | | |
| 1010 11110100 111 31000 0109 | | | 459 | | | |
| | | | 12d | | | |
| | | | 719 | | | |
| 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 name | | |
| AZ 863-11-659 81517.66 39 | 09.17 | 144904.72 | 22935.08 Pa | yne Villages | | |
| UT 199-60-068 82017.92 48 | 50.89 | 149546.88 | 32837.08 Fi | tzgerald Parks | | |

Wage and Tax

Statement Form W-2

5070

Department of the Treasury--Internal Revenue Service

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 soci | al security number | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | |
|---|--------------------------|-------------------|-----------------------------------|--|---|-----------------------------|------------|--------------------------------|--|------------------|--|
| S | TATEMENT | 50 | 65-87-3734 | 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 Wages, tips, other compensation | | | Federal income tax withheld | | | | | |
| 47-8118849 | | | 167005.8 | | | 33971.55 | | | | | |
| c Emplo | yer's name, address, and | ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Davis Ltd LLC | | | 199147.34 | | | 15234.77 | | | | | |
| 552 Jesse Valleys Suite 734 Erinport NC 43745-1331 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| | | | 169046.59 | | | 4902.35 | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | 199147.34 | | | 169046.59 | | | | | |
| d Control number | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | | |
| 3859838 | | | | | | | | 233 | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans 12a See instructions for box 1 | | | for box 12 | | | | |
| Beth Wells 093 Lawrence Squares Suite 551 | | | | 134 | | | E 4831 | | | | |
| | | | | 13 Statu | | | 12b | | | | |
| | | | employee plan sick pay | | | | 236 | | | | |
| Port Tinaside KY 34655-8459 | | | 14 (| Other (see enclosed Notice to Employ | ree) | 12c | 1 | | | | |
| | | | | | | | 459 | | | | |
| | | | | | | | | 12d | | | |
| | | | | | | 719 | | | | | |
| | yee's address and ZIP co | | 140 00-1 | 17 State income tax | | I do I and a see do a see | 140 1 | ocal income tax | | 00 1 | |
| 15 State | Employer's state ID n | | 16 State wages, tips, etc. | | | 18 Local wages, tips, etc. | | | | 20 Locality name | |
| AZ | 863-13 | L-659 | 81517.66 | 3909.17 | | 144904.72 | 22 | 935.08 | | Payne Villages | |
| UT | 199-60 | 0-068 | 82017.92 | 4850.89 | | 149546.88 | 32 | 837.08 | | Fitzgerald Parks | |

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

