REISSUED a Employee's so	cial security number			Safe, Accurate,	THE .		Visit the IRS Web	site		
STATEMENT	L03-13-7432	OMB N	o. 1545-00	DOS FAST! Use		≁file >	at www.irs.gov/efil	e.		
<b>b</b> Employer identification number			1 V	Vages, tips, other compensation		2 Federa	I income tax withheld			
75-2418239				60184.55		1262	5.54			
c Employer's name, address, and ZIP code		-	3 8	Social security wages		4 Social s	security tax withheld			
Davis-Moon PLC				48139.06			3682.64			
541 Christina Corners Apt. 386				5 Medicare wages and tips			6 Medicare tax withheld			
_				66477.42		1927.85				
West Kristieton NE 15209-9321			7 Social security tips			8 Allocated tips				
				48139.06		1	66477.42			
d Control number			9 A	Advance EIC payment		10 Depend	dent care benefits			
1182036							125			
e Employee's first name and initial Last na	me		11 N	Nonqualified plans		12a See in:	structions for box 12			
				195		G	5690			
Dawn Robinson			13 Statu			12b	1			
61916 Lori Rest			empl	oyee plan sick p	ay	Н	519			
East Gerald NM	62212-5464		14 (	Other (see enclosed Notice to Er	nployee)	12c	1			
2000 002020 1011						G	993			
						12d	1	-		
						G	657			
f Employee's address and ZIP code							100.			
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 Locali	ty name		
AK 264-73-230	31757.78	1065.65		60247.14	88	376.94	Davis	Crest		
MT 078-97-621	30651.94	1200.63		57363.16	70	)52.17	Scott	t Oval		

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 socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required														
S	TATEMENT	10	3-13-7432	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>b</b> Emplo	oyer identification number	•		•	1 V	Vages, tips, other compensation		2 Federal income tax withheld											
75-2418239				60184.55			12625.54												
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld												
Davis-Moon PLC				48139.06			3682.64												
541 Christina Corners Apt. 386 West Kristieton NE 15209-9321			5 Medicare wages and tips 66477.42 7 Social security tips			6 Medicare tax withheld 1927.85 8 Allocated tips													
													48139.06			66477.42			
										d Contro	ol number				<b>9</b> A	dvance EIC payment		10 Depend	dent care be
	1182036								125										
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12													
Dawn Robinson 61916 Lori Rest East Gerald NM 62212-5464			195 13 Statutory Retirement Third-party			G 5690													
			employee plan sick pay				519												
			62212-5464	464		14 Other (see enclosed Notice to Employee)			12c										
						G 993													
							-	12d	1000										
								_	657										
							L	G	657										
f Emplo	byee's address and ZIP coo Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	140.14	ocal income tax		20 Locality									
			9			0			•	1									
AK	264-73	3-230	31757.78	1065.65		60247.14	88	76.94		Davis	Crest								
мт	078-97	7-621	30651.94	1200.63		57363.16	705	52.17		Scott	Oval								

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

