REISSUED a Employee's social security number					Safe, Accurate, Visit the IRS Website						
	TATEMENT	2	67-68-0094	OMB N	No. 1545-000					rs.gov/efile.	
<b>b</b> Employer identification number						1 Wages, tips, other compensation			Federal income tax withheld		
01-2931228						245283.17			54064.63		
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld		
Hancock, Davis and Rivera and Sons						277243.81			21209.15		
0876 Bell Rapid Apt. 648									6 Medicare tax withheld		
						230389.1			6681.28		
South Deborah NY 53782-1139						7 Social security tips			8 Allocated tips		
						277243.81			230389.1		
d Control number						9 Advance EIC payment			10 Dependent care benefits		
	2236092								174		
e Emplo	yee's first name and initial	Last nam	е		11 No	11 Nonqualified plans			12a See instructions for box 12		
						234			2477		
Troy Donovan 1213 Dorothy Common Apt. 028 North Anita TX 93154-3766						13 Statutory Retirement Third-party					
					emplo	ee plan sick	G				
					<b>14</b> O	her (see enclosed Notice to E	mployee)	12c	1		
									117		
									12d		
									130		
f Emplo	yee's address and ZIP cod	lo.							130		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<del>'</del>	18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
ID	608-72	-428	125174.97	8108.15		241630.65	28	8265.36		Arnold Groves	
NY	923-79	-673	124971.15	9022.94		215304.42	4	7269.13		Joseph Mall	
	Wage a	and Tax	$\overline{\Box}$	Department of the TreasuryInternal Revenue Service							
Statement CU L						50	parimon		,		

**Statement** Form W-2 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.

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> 267-68-0094 OMB				IB No. 1545-0008 to life 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	yer identification number	1 Wages, tips, other compensation			2 Federal income tax withheld						
01-2931228					245283.17			54064.63			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Hancock, Davis and Rivera and Sons					277243.81			21209.15			
0876 Bell Rapid Apt. 648					5 Medicare wages and tips			6 Medicare tax withheld			
					230389.1			6681.28			
	South Deborah NY !	7 Social security tips			8 Allocated tips						
					277243.81			230389.1			
d Contro	ol number			9 Advance EIC payment			10 Dependent care benefits				
	2236092				174						
e Emplo	yee's first name and initial Last nam	ne		11 Nonqualified plans			12a See instructions for box 12				
Trov Donovan				234			2477				
	Troy Donovan 1213 Dorothy Common Apt. 028				13 Statutory Retirement Third-party employee plan sick pay			12b			
								G 700			
North Anita TX 93154-3766					14 Other (see enclosed Notice to Employee)			12c			
1.02011 1111200 111 70201 3700							117				
							12d				
					130						
	yee's address and ZIP code	Transis ii i	Lie ou i		Tana a sa	1			Las I II		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	1.0	Local income tax		20 Locality name		
ID	608-72-428	125174.97	8108.15	5 241630.65 28265.3		265.36		Arnold Groves			
NY	923-79-673	124971.15	9022.94		215304.42	47	269.13		Joseph Mall		

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

