REISSUED a Employee's social	security number			Safe, Accu				IRS Website		
STATEMENT 05	6-81-9051	OMB No	o. 1545-000	8 FAST! Use			at www.	rs.gov/efile.		
b Employer identification number			1 W	ages, tips, other comper	sation	2	Federal income ta	x withheld		
23-5239986				105723.96		2	25722.34			
c Employer's name, address, and ZIP code			3 Social security wages			4	4 Social security tax withheld			
Davis-Smith Inc			128468.35			9	9827.83			
82399 Jennings Key Suite 065			5 Medicare wages and tips				6 Medicare tax withheld			
North Georgeburgh CA 34068-8304			125407.89				3636.83			
North Georgeburgh CA 34068-8304			7 Social security tips			8	8 Allocated tips			
			128468.35				125407.89			
d Control number			9 Ad	Ivance EIC payment		10	Dependent care b	enefits		
2942765							268			
e Employee's first name and initial Last name			11 No	onqualified plans		12a	See instructions	for box 12		
Provede and the dear			106				P 8297			
Angela Hudson 0743 Allen Way West Julie MS 33429-7946			13 Statutory Retirement Third-party sick pay 14 Other (see enclosed Notice to Employee)			12b	i			
							D 116			
						e) 12c	1			
West dulle Ms 33425 /540							887			
						12d	12d			
							P 907			
f Employee's address and ZIP code							I			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, e	c.	19 Local inc	come tax	20 Locality name		
AR 810-83-505	48460.8	2712.25		136557.6	<u> </u> :	19599	.11	Monique Greens		
MD 985-82-635	54150.31	2674.04		113070.63	.	17494	54	Kelly Terrace		
703 02 033	J4130.J1	20/3.03		113070.03	-	1 / J J Z		werry lerrace		

Wage and Tax

Form W-2 Statement

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.

REISSUED	a Employee's soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required						
STATEMENT	0	56-81-9051	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 V	 Wages, tips, other compensation 			Federal income tax withheld			
23-5239986			105723.96			25722.34				
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld				
Davis-Smith Inc			128468.35			9827.83				
82399 Jennings Key Suite 065			5 Medicare wages and tips			6 Medicare tax withheld				
			125407.89			3636.83				
North Georgeburgh CA 34068-8304			7 Social security tips			8 Allocated tips				
				128468.35			125407.89			
d Control number			9 Advance EIC payment			10 Dependent care benefits				
2942765							2	68		
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
_ ,	1				106]	2 8	297	
Angela Hudson			13 Statu			12b				
0743 Allen Way			14 Other (see enclosed Notice to Employee)			D 116				
West Julie MS 33429-7946						12c				
						887				
						12d				
							1	9	07	
f Employee's address and ZII										
15 State Employer's state	ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	Local incon	ne tax		20 Locality name
AR 810-	83-505	48460.8	2712.25		136557.6	19	599.	11		Monique Greens
MD 985-	82-635	54150.31	2674.04		113070.63	17	494.	54		Kelly Terrace

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

