REIS	SUED	a Employee's socia	•		Safe, Accurate, Visit the IRS Websit					ite			
STATE	EMENT	12	24-45-9084	OMB	No. 1545-00	008 FAS	T! Use	J	7 1111		at www.ii	rs.gov/efile).
b Employer identification number					1 \	1 Wages, tips, other compensation			2 Federal income tax withheld				
53-6498165						60488.19			7840.21				
c Employer's name, address, and ZIP code					3 5	3 Social security wages				4 Social security tax withheld			
Davidson-Browning Ltd						47727.07				3651.12			
85160 Lambert Shoals Apt. 910 South Amy AL 05606-9642				5 N	5 Medicare wages and tips				6 Medicare tax withheld				
					53931.75				1564.02				
				7 5					8 Allocated tips				
						47727.07			53931.75				
d Control number					9 /					enefits			
9541282									139				
e Employee's first name and initial Last name					11	11 Nonqualified plans			12a See instructions for box 12				
						299			5429				
Charlotte West					13 Statutory Retirement Third-party employee plan sick pay				i				
0558 Scott Curve						X Sick pay			589				
East Christopher NY 61845-0752						14 Other (see enclosed Notice to Employee)			12c				
										E	846		
									12d				
										н	287		
f Employee's a	ddress and ZIP cod	e .						-					
	nployer's state ID nu		16 State wages, tips, etc.	17 State income tax	(18 Local wage	s, tips, etc.	19 L	ocal inco	me tax		20 Locality	/ name
PA	161-48	-173	33099.21	2747.63		44052.11		64	6423.72			Watts	Inlet
MS	797-64	-629	31982.35	2205.07		75587.48 8		87	8716.47			William	s Plaza

Wage and Tax

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 soci	al 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	TATEMENT	12	24-45-9084	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	Vages, tips, other compensation	Federal income tax withheld						
53-6498165					60488.19			7840.21				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Davidson-Browning Ltd					47727.07			3651.12				
85160 Lambert Shoals Apt. 910					5 N	Medicare wages and tips	6 Medicare tax withheld 1564.02					
_					53931.75							
	South Amy AL 05606-9642				7 8	Social security tips	8 Allocated tips					
					47727.07			53931.75				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	9541282								139			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
						299			5429			
Charlotte West					13 Statu		12b	1				
	0558 Scott Curve					employee plan sick pay			589			
East Christopher NY 61845-0752					14 (Other (see enclosed Notice to Employ	12c					
	Labe online of the order								E 846			
					ļ			12d				
						1			287			
								н 287				
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				
PA	161-48		33099.21	2747.63	1.0 =====g==,p=, ===		64	23.72	Watts Inlet			
	101 40	, 1,5	33033.21	2,3,.03			133	23.12		Maccs Intec		
MS	797-64	1-629	31982.35	2205.07		75587.48	87	16.47		Williams Plaza		

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

