R	REISSUED a Employee's social security number					Safe	:e0	Visit the IRS Website					
ST	ATEMENT	67	6-44-9169	OM	1B No. 1545-0	008 <b>FAS</b>	T! Use	£-1	file	at www.i	rs.gov/efile	١.	
<b>b</b> Employ	er identification number	1	1 Wages, tips, other compensation				2 Federal income tax withheld						
2	26-6729949		241004	. 38		36456.13							
<b>c</b> Employ	er's name, address, and Z	3	Social security wa	ges		4 Social security tax withheld							
F	Hanna-Davis		285563.74				21845.63						
-	7680 Maldon	5	Medicare wages a	•		6 Medicare tax withheld							
,	Fullershire		303379			8798.02							
_	diteranile	7	Social security tips			8 Allocated tips							
			285563.74				303379.97						
<b>d</b> Control		9	Advance EIC payı	nent	1	10 Depen	dent care be	enefits					
	1331425					239							
e Employ	ee's first name and initial	11	Nonqualified plans	12a See instructions for box 12									
	~ 1 . 1		161			E 3401							
	Gabriel	Hoffman	13 Stat		nent Third-party sick pay	1	12b						
•	743 James	emp	employee plan sick pay				E 281						
	South Vict	14	14 Other (see enclosed Notice to Employee)				1						
South Victoriachester SC 38014-										D 398			
										12d			
										249			
f Employ	ree's address and ZIP cod						ı						
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income	tax	18 Local wage	s, tips, etc.	19 Loc	cal income ta	(	20 Locality	name	
MN	695-82	-467	113132.81	9895.37		256382.15 4		408	0836.11		Davis	Port	
NH	319-92	-443	109462.68	6528.79		257691	03	301	22.04		Tomos	Count	
MU	319-92	-440	103402.00	0320.79		23/091	. 93	334	22.04		James	Court	

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.

	REISSUED	a Employee's soci	al security number				Th	is information	is being furnis	hed to	the Inte	rnal Rev	enue Serv	ice. If you a	re required
	TATEMENT		76-44-916	9	OMB N	This information is being furnished to the Internal Revenue Service. If you are to file a tax return, a negligence penalty or other sanction may be imposed on									
b Employer identification number							this income is taxable and you fail to report it.  1 Wages, tips, other compensation 2 Federal income tax withheld								
26-6729949							241004.38				36456.13				
c Employer's name, address, and ZIP code							3 Social security wages				4 Social security tax withheld				
Hanna-Davis PLC							285563.74				21845.63				
7680 Maldonado Tunnel Suite 994 Fullershire WV 12388-9024							5 Medicare wages and tips				6 Medicare tax withheld				
							303379.97				8798.02				
							7 Social security tips				8 Allocated tips				
							285563.74				303379.97				
d Control number							9 Advance EIC payment				10 Dependent care benefits				
1331425											239				
e Employee's first name and initial Last name							11 Nonqualified plans				12a See instructions for box 12				
Gabriel Hoffman 743 James Fall Suite 582 South Victoriachester SC 38014-							161				E 3401				
							13 Statutory Retirement Third-party				12b				
							employee plan sick pay				E 281				
							14 Other (see enclosed Notice to Employee)								
							Other (se	e enclosed in	nice to Employ	(66)	120				
						ļ					D 398				
											12d		ı		
											249				
f Employee's address and ZIP code															
15 State	Employer's state ID nu	ımber	16 State wages, tip	os, etc. 17	7 State income tax		18 Loc	cal wages, tips	, etc.	19 L	ocal inc	ome tax		20 Localit	y name
MN	695-82	2-467	113132.8	1 9	895.37	256382.15		40	40836.11			Davis	Port		
NH	319-92	2-443	109462.6	8 6	528.79		257	691.93	3	39	422	.04		James	Court

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

