Form W-2	Wage a			201		Dep	artmen	t of the Trea	suryInteri	nal Revenue Service		
UT	922-00	922-00-502 121681.07 7144.7		7144.73		202208.46	.46 27		6	Sonya Port		
TX	566-20	-391	107954.42	8220.97		221269.18	30	6443.8	3	Shepard Crest		
15 State	Employer's state ID nun		16 State wages, tips, etc.	17 State income ta	ax	18 Local wages, tips, etc.	19	Local income	tax	20 Locality name		
f Employ	ee's address and ZIP code							12d G	529			
Port Timothymouth VA 92412-4392						251 13 Statutory Retirement Third-party sick pay X X X X 14 Other (see enclosed Notice to Employee)			E 481			
					14 Ot							
	Jeanette Jennings 10576 Wheeler Corners Suite 308								965			
Jeanette Jennings									P 9864			
e Employee's first name and initial Last name					11 No	11 Nonqualified plans			12a See instructions for box 12			
4225624									126			
d Control number									10 Dependent care benefits			
						218693.2	220970.88					
39915 Amber Square Luceroborough DE 59749-4143						220970.88	6 Medicare tax withheld 6408.16 8 Allocated tips					
						edicare wages and tips						
Avila, Charles and Wright LLC						218693.2	16730.03					
c Employer's name, address, and ZIP code					3 Sc	3 Social security wages			4 Social security tax withheld			
30-2395263						239782.49			63317.84			
STATEMENT 098-21-2300 OMB						ages, tips, other compensation	2 Federal income tax withheld					
REISSUED a Employee's social security number 978-21-2300				No. 1545-000	Safe, Accurate, 8 FAST! Use	IRS P	~file		e IRS Website .irs.gov/efile.			

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.

UT 922-0	0-502	121681.07	7144.73		202208.46 27		165.36		a Por		
TX 566-2	0-391	107954.42	8220.97		221269.18	36	443.83	Shepa	rd Cres		
5 State Employer's state ID		16 State wages, tips, etc.	17 State income tax	·	18 Local wages, tips, etc.	19	Local income tax	20 Locality name			
Employee's address and ZIP o	ode						G	529			
10576 Wheeler Corners Suite 308 Port Timothymouth VA 92412-4392							12d	481			
					Caro. (See S. G. See Caroline To Empire	,,,,,					
					employee plan sick pay X Other (see enclosed Notice to Employee)			120			
								E 965			
Jeanette Jennings				13 Statutory Retirement Third-party			12b				
					251			P 9864			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
4225624								126			
Avila, Charles and Wright LLC 39915 Amber Square Luceroborough DE 59749-4143					9 Advance EIC payment			10 Dependent care benefits			
					218693.2			220970.88			
					3 Social security wages 218693.2 5 Medicare wages and tips 220970.88 7 Social security tips			6408.16 8 Allocated tips			
											6 Medicare tax withheld
								4 Social security tax withheld 16730.03			
								30-2395263			
b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
STATEMENT	No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.										
REISSUED	a Employee's socia	security number			This information is being furn						

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

