REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website							
	TATEMENT	149-13-5271	OMB N	o. 1545-0008	FAST! Use	G			rs.gov/efile.		
b Employer identification number				•	1 Wages, tips, other compensation			2 Federal income tax withheld			
83-4863205				2	211420.68			59709.02			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Davis PLC and Sons				194354.61			14868.13				
4603 Kenneth Islands				5 Medicare wages and tips			6 Medicare tax withheld				
Robertfurt MD 04926-1241				150854.9			4374.79				
				7 Social security tips			8 Allocated tips				
					194354.61			150854.9			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
503652				I			187				
e Emplo	yee's first name and initial	Last name	•	11 Nonqualified plans			12a See instructions for box 12				
				183			E 1599				
Michael Moore 09120 Stacy Plains				13 Statutory Retirement Third-party			12b				
				employee	x			227			
Tylerbury ND 76487-1471				14 Othe	14 Other (see enclosed Notice to Employee)			ı			
							E	827	7		
						-	12d				
								327			
f Emplo	yee's address and ZIP code							<i>321</i>			
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18	B Local wages, tips, etc.	19 Loc	cal income tax		20 Locality name		
KY	367-02-622	110854.49	12371.4	2	49696.47	247	80.9		Ruiz Forges		
VT	774-78-925	108714.7	10706.76	2	20939.78	274	71.51		Robert Station		
Wage and Tax Department of the TreasuryInternal Rever								<u> </u>			
Form W-	Ctatamant	U	Depar	unent of	irie i reasui	ryinterna	ai kevenue Service				

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	This information is being furnished to the Internal Revenue Service. If you are required										
STATEMENT	14	19-13-5271	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 Wages, tips, other compensation			2 Federal income tax withheld			
83-4863205				211420.68			59709.02				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Davis PLC and Sons					194354.61			14868.13			
4603 Kenneth Islands Robertfurt MD 04926-1241					5 Medicare wages and tips			6 Medicare tax withheld			
					150854.9			4374.79			
					7 Social security tips			8 Allocated tips			
					194354.61			150854.9			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
503652							187				
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Michael	Michael Moore				183 13 Statutory Retirement Third-party			E 1599			
				employee plan sick pay			1				
09120 S	tacy Plains	1			X			227			
Tylerbu	rv ND	76487-1471	6487-1471		14 Other (see enclosed Notice to Employee)			12c			
191013019 10 70107 1171							E 827				
						-	12d	<u> </u>			
								327			
f Employee's address and 2											
15 State Employer's stat		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Loca	lity name	
KY 367	-02-622	110854.49	12371.4		249696.47	24	780.9		Ruiz	Forges	
VT 774	-78-925	108714.7	10706.76		220939.78	274	471.51		Robert	Station	

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

