F	REISSUED	a Employee's social security number Safe, Accurate,			200	Visit the IRS Website						
S	<b>TATEMENT</b>	31	.6-54-1105	OMB N	o. 1545-0	0008 FAS	ST! Use	$\mathcal{G}^{\sim}$	II E	at www.i	rs.gov/efile.	
<b>b</b> Employer identification number					1	1 Wages, tips, other compensation			2 Federal income tax withheld			
20-7294998						179589.74			39917.79			
c Employer's name, address, and ZIP code					3 Social security wages			4	4 Social security tax withheld			
Davis LLC LLC					148421.82				11354.27			
644 Richardson Expressway Cruzfurt OR 74008-9628					5 Medicare wages and tips				6 Medicare tax withheld			
					191035.46				5540.03			
					7 Social security tips				8 Allocated tips			
					148421.82				191035.46			
<b>d</b> Contro	ol number				9	9 Advance EIC payment			10 Dependent care benefits			
	8146313								190			
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12			
John King 549 Mckee Isle Apt. 791 Bushtown RI 57177-5739					111				н 8166			
					13 Statutory Retirement Third-party employee plan sick pay			/ 12b		i		
					14 Other (see enclosed Notice to Employee)				467			
								yee) 12c		1		
										549		
								120	12d			
										685		
f Employee's address and ZIP code										003		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wag	es, tips, etc.	19 Local	ncome tax	(	20 Locality name	
OK	627-97	-573	81031.99	6507.9		232695	. 54	2738	1.73		Massey Ports	
								1				
RI	529-98	-728	90094.47	9490.61		225372	. 68	1857	1.67		Patel Fields	

Wage and Tax Statement

Tax 2010

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	•		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							
	TATEMENT	3	16-54-1105	OMB N	OMB No. 1545-0008 this income is taxable and you fail to report it.							
<b>b</b> Emplo	<b>b</b> Employer identification number					1 Wages, tips, other compensation			Federal income tax withheld			
20-7294998					179589.74			39917.79				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Davis LLC LLC					148421.82			11354.27				
644 Richardson Expressway					5 Medicare wages and tips			6 Medicare tax withheld				
				191035.46			5540.03					
	Cruzfurt OR 74008-9628					7 Social security tips			8 Allocated tips			
					148421.82			191035.46				
d Contro	d Control number					9 Advance EIC payment			10 Dependent care benefits			
	8146313								190			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
	John King				111 13 Statutory Retirement Third-party			H 8166				
549 Mckee Isle Apt. 791 Bushtown RI 57177-5739					employee plan sick pay  14 Other (see enclosed Notice to Employee)				467			
								12c				
									549			
								12d				
									685			
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		
OK	• •		9 . , .	6507.9		10 = 2000 Hages, nps, 2001		7381.73		,		
OK	627-9	1-313	81031.99	0507.9	232695.54 2		. 1301.13		Massey Ports			
RI	529-98	3-728	90094.47	9490.61		225372.68	1	8571.67		Patel Fields		

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

