F	REISSUED	a Employee's socia	•			Safe	, Accurate,	e D	z H		Visit the	IRS Website
S	TATEMENT	62	20-25-7299	OMB N	o. 1545-0	0008 FAS	T! Use			e	at www.i	rs.gov/efile.
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld			
23-6735789						159477.73			47563.91			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Parks-Silva Group						164324.33			12570.81			
62915 Brandon Lane Apt. 915					5 Medicare wages and tips				6 Medicare tax withheld			
					153830.36				4461.08			
Dylanview DE 18840-8581					7 Social security tips				8 Allocated tips			
					164324.33				153830.36			
d Control number					9 Advance EIC payment 10 Dependent care bene				enefits			
5582288									151			
e Employee's first name and initial Last name					11 Nonqualified plans				12a See instructions for box 12			
Deanna Nash					195				4430			
	Deanna Nash					13 Statutory Retirement Third-party employee plan sick pay				í		
774 Sharon Hills Olsonmouth AL 63949-2861					x x					E	879	
					14	14 Other (see enclosed Notice to Employee)			12c	I		
										P	134	
									12d			
										D	382	
f Emplo	vee's address and ZIP cod	Δ.						H			302	
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		18 Local wage	s, tips, etc.	19 Lo	ocal inco	me tax		20 Locality name
CA	668-69	-733	82794.16	7111.61		144641	. 93	218	398.	86		Laura Cours
MS	542-98	-842	83308.71	8714.27		141053	. 37	292	267.	54		Hudson Grov

Wage and Tax

Form W-2 Statement

5010

Department of the Treasury--Internal Revenue Service

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.

R	REISSUED a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are req									ice. If you are required		
	ATEMENT	62	20-25-7299	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	/ages, tips, other compensation		2 Federal income tax withheld				
23-6735789					159477.73			47563.91				
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Parks-Silva Group					164324.33			12570.81				
62915 Brandon Lane Apt. 915 Dylanview DE 18840-8581					5 N	ledicare wages and tips	6 Medicare tax withheld					
						153830.36		4461.08				
					7 S	ocial security tips	8 Allocated tips					
						164324.33	153830.36					
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	5582288								151			
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
١.		17h			195			4430				
1	Deanna Nash 774 Sharon Hills				13 Statutory Retirement Third-party employee plan sick pay			12b				
								E 879				
l ,	Olsonmouth AL 63949-2861					14 Other (see enclosed Notice to Employee)			12c			
,							D 124					
								P 134				
								12d	ı			
									D 382			
	f Employee's address and ZIP code											
15 State	Employer's state ID nu	ımber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc. 19		ocal income to	ax	20 Locality name		
CA	668-69	9-733	82794.16	7111.61		144641.93	21	898.86		Laura Course		
MS	542-98	8-842	83308.71	8714.27		141053.37	29	267.54		Hudson Grove		

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

