REISSUED a Employee's social security number		Safe, Accurate, Visit the IRS Website					
STATEMENT 216-17-3149	OMB No. 1545-0	008 FAST! Use	at www.irs.gov/efile.				
b Employer identification number	1	Wages, tips, other compensation	2 Federal income tax withheld				
50-2207786		113669.65	20820.82				
c Employer's name, address, and ZIP code	3	Social security wages	4 Social security tax withheld				
Davis, Dominguez and Cruz and Sons		135404.18	10358.42				
397 Larry Forks	5	Medicare wages and tips	6 Medicare tax withheld				
West Melissaland FL 50359-6287		137601.59	3990.45				
west merissarand ri 50559-0207	7	Social security tips	8 Allocated tips				
		135404.18	137601.59				
d Control number	9	Advance EIC payment	10 Dependent care benefits				
9917267			154				
e Employee's first name and initial Last name	11	Nonqualified plans	12a See instructions for box 12				
Jean Jacobs		260	2325				
		utory Retirement Third-party	12b				
537 Joseph Garden Suite 182	emp	loyee plan sick pay	E 981				
Lake Paulville WI 88926-2985	14	Other (see enclosed Notice to Emplo	yee) 12c				
Lake radiville wi 00920 2905			E 579				
			12d				
			401				
			421				
f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State	ate income tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name				
	5.75	90326.56	20315.41 Henry Divide				
NV 989-84-147 54107.28 346	2.56	136908.4	15822.55 Angela Hills				

Wage and Tax Statement

Form W-2

5010

Cut here. Keep lower portion for your records.

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.

R	EISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required								
ST	ATEMENT	2	16-17-3149	OMB N	DMB 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				Wages, tips, other compensation			2 Federal income tax withheld						
50-2207786				113669.65			20820.82						
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld						
Davis, Dominguez and Cruz and Sons				135404.18			10358.42						
397 Larry Forks				5 Medicare wages and tips 137601.59			6 Medicare tax withheld 3990.45						
West Melissaland FL 50359-6287													
			7 Social security tips			8 Allocated tips							
				135404.18			137601.59						
d Control number			9 Advance EIC payment			10 Dependent care benefits							
9917267						154							
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12							
Jean Jacobs			260			2325							
			13 State emp	utory Retirement Third-party loyee <u>plan</u> <u>sick pay</u>		12b							
537 Joseph Garden Suite 182						981							
Lake Paulville WI 88926-2985			14 Other (see enclosed Notice to Employee)			12c							
						E 579							
							-	12d					
						421							
	ee's address and ZIP coo		T	T		T				T			
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax				19 Local income tax		20 Locality name			
ОН	262-94	1-517	56790.52	4545.75		90326.56 2		20315.41		Henry Divide			
NV	989-84	l-147	54107.28	3462.56		136908.4	158	822.55		Angela Hills			

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

