R	REISSUED	a Employee's socia	I security number			Safe, A	Accurate,	200	H	Visit the	IRS Website	
ST	TATEMENT	14	4-43-0987	OMB N	o. 1545-0	DOS FAST!	Use	5	ile	at www.i	rs.gov/efile.	
b Employer identification number					1 \	1 Wages, tips, other compensation			Federal income tax withheld			
	93-6292116					168728.92			56697.37			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld			
Deleon-Davis LLC					178570.12				13660.61			
311 Daniel Drive Apt. 965 Johnsonside MD 67314-1296					5 Medicare wages and tips				6 Medicare tax withheld			
					128567.87				3728.47			
'	Johnsonstae	MD 6	/314-1290		7 Social security tips				8 Allocated tips			
					178570.12				128567.87			
d Contro	ol number				9 Advance EIC payment			10	10 Dependent care benefits			
	6244684								143			
e Emplo	e Employee's first name and initial Last name				11 Nonqualified plans			12	12a See instructions for box 12			
					300				н 1515			
	Daniel Bender 900 Christian Pine Apt. 449				13 Statutory Retirement Third-party employee plan sick pay				b			
										115		
North William TX 26502-0538					14 Other (see enclosed Notice to Employee)				С	i i		
									н	103		
									12d			
										441		
	vee's address and ZIP cod									441		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, t	ips, etc.	19 Local	income ta	x	20 Locality name	
HI	841-02		83913.42	6500.68		118142.8	-	2896	3.11		Bailey Radial	
								1			<u> </u>	
KS	344-11	-377	75978.56	7704.84		196260.2	26	2031	3.5		Carrillo Turnpike	

Wage and Tax

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.

5070

Cut here. Keep lower portion for your records.

Department of the Treasury--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	14	14-43-0987	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					Wages, tips, other compensation			2 Federal income tax withheld				
93-6292116						168728.92			56697.37			
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Deleon-Davis LLC					178570.12			13660.61				
	311 Daniel Drive Apt. 965				5 N	Medicare wages and tips		6 Medicare tax withheld				
	Johnsonside MD 67314-1296					128567.87			3728.47			
,						7 Social security tips			8 Allocated tips			
					178570.12			128567.87				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
(6244684								143			
e Employ	ee's first name and initial	Last nam	Э		11 Nonqualified plans			12a See instructions for box 12				
I	Daniel Bender				300 13 Statutory Retirement Third-party			H 1515				
9	900 Christian Pine Apt. 449				empl	oyee plan sick pay			115			
1	North William TX 26502-0538				14 Other (see enclosed Notice to Employee)			12c				
	1101011 1111111111111111111111111111111							Н	103			
							-	12d				
								441				
f Employee's address and ZIP code						I do I and a market and	40.1	12		00 1		
15 State	Employer's state ID no		16 State wages, tips, etc.	17 State income tax		1.0 ====================================		9 Local income tax		20 Locality name		
HI	841-02	2-256	83913.42	6500.68	118142.89 2		28	28963.11		Bailey Radial		
KS	344-11	L-377	75978.56	7704.84		196260.26	20	313.5		Carrillo Turnpike		

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

