F	REISSUED a Employee's social security number				Safe, Accurate, OMP No. 1545 0009 FASTI Use						IRS Website		
S	TATEMENT	22	29-64-6753	OMB N	o. 1545-0	008 F	AST! Use			ظ	at www.i	rs.gov/efile.	
b Emplo	b Employer identification number					1 Wages, tips, other compensation				Federal income tax withheld			
02-6729995						227563.36				68048.64			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Davis Inc Group					193656.6				1	14814.73			
3202 Rodriguez Summit					5 Medicare wages and tips				6	6 Medicare tax withheld			
					264474.9					7669.77			
	Laceystad MI 61028-1211					7 Social security tips				8 Allocated tips			
					193656.6					264474.9			
d Control number					9 Advance EIC payment			10 Dependent care benefits					
6353466											225		
e Employee's first name and initial Last name					11 Nonqualified plans			12a	12a See instructions for box 12				
					107					E 9794			
	Jacob Booker					,		Third-party	12b		1		
017 Wesley Bypass Lake Robinland VA 74729-2072					employee plan sick pay 14 Other (see enclosed Notice to Employee)						710		
) 12c	ĺ	l		
											826		
										12d			
										G	245		
f Employee's address and ZIP code													
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income tax	*	18 Local v	vages, tips, etc.	. 1	9 Local inc	ome tax		20 Locality name	
TX	742-74	-885	105687.31	5538.38		259869.29 3		3085.31			Krystal Fields		
NV	246-97	-086	120143.37	5327.15		16350	00.16	2	4846	. 56		Clayton Ferry	

Wage and Tax

5070

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.

R	REISSUED a Employee's social security number				This information is being furnished to the Internal Revenue Service. If you are required							
ST	STATEMENT 229-64-6753			OMB No	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					
02-6729995						227563.36	68048.64					
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld				
Davis Inc Group						193656.6	14814.73					
3202 Rodriguez Summit					5 N	ledicare wages and tips	6 Medicare tax withheld					
_						264474.9	7669.77					
Laceystad MI 61028-1211					7 5	ocial security tips	8 Allocated tips					
					193656.6			264474.9				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	6353466								225			
e Employ	e Employee's first name and initial Last name					11 Nonqualified plans			12a See instructions for box 12			
						107	E 9794					
1	Jacob Booker					ory Retirement Third-party	12b	i				
017 Wesley Bypass Lake Robinland VA 74729-2072					empl	yee plan sick pay						
					14 Other (see enclosed Notice to Employee)			12c				
								826				
								12d				
								G	G 245			
f Employee's address and ZIP code										•		
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax		3.,,,,,,,		Local income tax	20 Locality name			
TX	742-74	-885	105687.31	5538.38		259869.29 33		3085.31		Krystal Fields		
NV	246-97	-086	120143.37	5327.15	163500.16			846.56	Clayton Ferry			

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

