STATEMENT 024-45-9185 OMB No. 1545-0008 FAST! Use b Employer identification number 1 Wages, tips, other compensation	at www.irs.gov/efile. 2 Federal income tax withheld 12195.56			
15 1015015	12195.56			
15-1815017 46847.07				
c Employer's name, address, and ZIP code 3 Social security wages	4 Social security tax withheld			
Calhoun, Lopez and Hill Group 35079.46	2683.58			
192 Karen Inlet Apt. 858	6 Medicare tax withheld 1590.49			
Juanborough AL 34354-8146 54844.56 7 Social security tips				
	8 Allocated tips			
35079.46	54844.56			
d Control number 9 Advance EIC payment	10 Dependent care benefits			
6139420	169			
e Employee's first name and initial Last name 11 Nonqualified plans	12a See instructions for box 12			
Lori Davis	D 3946			
LOTI DAVIS 13 Statutory Retirement Third-party employee plan sick pay	12b			
1811 Mercer Place	G 479			
South Stephenfurt NJ 17443-9308 14 Other (see enclosed Notice to Employe	ee) 12c			
	D 515			
	12d			
	404			
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			
NC 802-17-933 22928.46 2628.58 38244.19	5921.36 Little Loop			
TX 876-75-062 25151.81 2055.65 38050.9	8150.69 Rachel Passage			

Wage and Tax Statement

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.

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									
S	TATEMENT	0:	24-45-9185	OMB N	OMB No. 1545-0008 to life 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				
15-1815017					46847.07					12195.56				
c Employer's name, address, and ZIP code					3 Social security wages					4 Social security tax withheld				
Calhoun, Lopez and Hill Group					35079.46					2683.58				
192 Karen Inlet Apt. 858					5 Medicare wages and tips 54844.56					6 Medicare tax withheld 1590.49				
Juanborough AL 34354-8146														
					7 Social security tips					8 Allocated tips				
					35079.46					54844.56				
d Control number					9 Advance EIC payment					10 Dependent care benefits				
6139420										169				
e Employee's first name and initial Last name					11 Nonqualified plans					12a See instructions for box 12				
					198					D 3946				
Lori Davis					13 Statutory Retirement Third-party					12b		1		
1811 Mercer Place South Stephenfurt NJ 17443-9308					employee plan sick pay						G	479		
					14 Other (see enclosed Notice to Employee)				yee)	12c		1		
South Stepheniule no 17445 5500									D	515				
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f Employee's address and ZIP code 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax					ļ	19 100	al wages tipe	n oto	10 1	ocal in	come tax	,	20 Locality name	
	* *		9			10 = 10 mag = 1, np = 1, 1 mag = 1							,	
NC	802-17	1-933	22928.46	2628.58		38244.19 5			29	921.36			Little Loop	
TX	876-75	5-062	25151.81	2055.65		380	50.9		81	50.	69		Rachel Passage	

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

