REISSU	a Employee's so	ocial security number			Safe,	Accurate,	Ref	AH A	Visit the	IRS Web	site		
STATEMI	NT	095-39-0303	OMB N	o. 1545-00	008 FAST	! Use	<i>G</i>	file	at www.i	rs.gov/efil	e.		
b Employer identification number				1 \	1 Wages, tips, other compensation				Federal income tax withheld				
23-37	23-3718341				160556.09				26662.45				
c Employer's name,	c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld				
Welch-Gonzalez Ltd				207537.34				15876.61					
9540 Jennifer Ville				5 Medicare wages and tips 170746.97				6 Medicare tax withheld 4951.66					
Thomasbury HI 18964-0811				7 Social security tips				8 Allocated tips					
				207537.34				170746.97					
d Control number				9 Advance EIC payment			1	10 Dependent care benefits					
88766	8876615							160					
e Employee's first name and initial Last name			11 Nonqualified plans			1	12a See instructions for box 12						
Robert Davidson				164				5009					
				13 Statutory Retirement Third-party employee plan sick pay				12b	İ				
4630 Wilson Drive				X		X			784				
Donaldhaven MS 02614-4093				14 Other (see enclosed Notice to Employee)				12c	ı				
								н 431					
								12d					
								E	998				
f Employee's addres		1	T.= 2		T					T			
	r's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages	•		cal income ta	x	20 Locali	<i>'</i>		
WV	393-28-456	75280.1	6255.02		195801.	61	288	05.63		Lisa	Wells		
NM	912-87-625	87899.42	6275.38		130424.	59	232	73.15		James	Walks		

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.

F	REISSUED	a Employee's soci	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
	TATEMENT	0	95-39-0303	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 Wages, tips, other compensation 2 Federal income tax wi				withheld			
23-3718341				160556.09			26662.45				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Welch-Gonzalez Ltd				207537.34			15876.61				
9540 Jennifer Ville Thomasbury HI 18964-0811				5 Medicare wages and tips			6 Medicare tax withheld				
				170746.97			4951.66				
				7 Social security tips			8 Allocated tips				
						207537.34	170746.97				
d Contro	d Control number				9 Advance EIC payment			10 Dependent care benefits			
	8876615							160			
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12				
Robert Davidson				164			5009				
				13 Stat	utory Retirement Third-party		12b				
4630 Wilson Drive				emp	loyee plan sick pay			784			
						Other (see enclosed Notice to Employ	(00)	12c			
Donaldhaven MS 02614-4093					Other (see enclosed Notice to Employee)			120			
				н 431							
							12d	1			
								E 998			
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 Local income tax		20 Locality name	
WV	393-28	3-456	75280.1	6255.02	195801.61 2		28	8805.63		Lisa Wells	
NM	912-87	-625	87899.42	6275.38	130424.59 2		23	3273.15	James Walks		

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

