REISSUED	a Employee's social	security number			S	afe, Accurate,	Re 1	-2 <b>G</b> HI		Visit the	IRS Website	)	
STATEMENT	49	6-34-1380	OMB N	lo. 1545-0	008 <b>F</b>	AST! Use	G	≁fill	٦	at www.i	rs.gov/efile.		
<b>b</b> Employer identification number				1 \	1 Wages, tips, other compensation				2 Federal income tax withheld				
23-6506256					177721.33				31182.09				
c Employer's name, address, and ZIP code				3 5	3 Social security wages				4 Social security tax withheld				
Parker-Davenport and Sons					184471.25				14112.05				
44316 Elizabeth Villages Suite 580				5 1					6 Medicare tax withheld				
Jonesfurt PA 57568-6294			186662.21 7 Social security tips				5413.2 8 Allocated tips						
0,000 0201				184471.25				186662.21					
d Control number				9 /					10 Dependent care benefits				
				9 Advance Elo payment				· ·					
8758437				N. N				154					
e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12						
Wanda Moreno			255				P 6683						
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364 Herring Camp				x				D 623					
Port Angelhaven OH 48410-8708					14 Other (see enclosed Notice to Employee)					Ī			
								397					
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									D	321			
f Employee's address and ZIP cod													
15 State Employer's state ID nu		16 State wages, tips, etc.	17 State income tax			ges, tips, etc.		ocal inco		:	20 Locality na	ame	
CT 433-19	726	93381.98	6329.4		20207	2.58	23	796.	12		Trevino Thro	oughway	
ME 428-67	-520	86959.36	4361.73		22935	9.44	34	397.	37		Cathy C	liff	

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.

REISSUE	'	cial security number		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						
STATEME	NT 4	496-34-1380	OMB No	OMB No. 1545-0008 to line 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	Vages, tips, other compensation		Federal income tax withheld			
23-6506256				177721.33			31182.09			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Parker-Davenport and Sons				184471.25			14112.05			
44316 Elizabeth Villages Suite 580 Jonesfurt PA 57568-6294			5 N	ledicare wages and tips	6 Medicare tax withheld					
				186662.21	5413.2					
			7 5	ocial security tips	8 Allocated tips					
					184471.25	186662.21				
d Control number				9 Advance EIC payment			10 Dependent care benefits			
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e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Wanda Moreno			255			P 6683				
wanda Moreno				13 Statu emple		12b	1			
364 Herring Camp				X X			D 623			
Port Angelhaven OH 48410-8708				14 Other (see enclosed Notice to Employee)			12c			
Tore inigernaven on 40410 0700						397				
						İ	12d			
							D	321		
f Employee's address and ZIP code				<u></u>	[			•		
	state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		_ocal income tax		20 Locality name	
CT 4	33-19-726	93381.98	6329.4		202072.58	23	796.12		Trevino Throughway	
ME 4	28-67-520	86959.36	4361.73		229359.44	34	397.37		Cathy Cliff	

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

