REISSUED a l	REISSUED a Employee's social security number				Safe, Accurate, Visit the IRS Website						
STATEMENT	616-77-4705	OMB No	. 1545-000	8 FAST! Use	•		<i>G</i> at	www.irs.gov/efile.			
<b>b</b> Employer identification number		•	1 Wa	ages, tips, other compe	nsation	2	Federal inc	ome tax withheld			
64-1443268				221317.09				50833.29			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Webb-Davis PLC			246568.26			1	18862.47				
343 Barbara Flat Baldwinview TX 94727-1268			5 Medicare wages and tips				6 Medicare tax withheld				
			234601.21				6803.44				
			7 Social security tips				8 Allocated tips				
				246568.26				234601.21			
d Control number			9 Advance EIC payment			10	10 Dependent care benefits				
360518							211				
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12				
Jamie Henson 403 Joshua Rest			290				7818				
			13 Statutory Retirement Third-party employee X X Statutory Plan Sick pay 14 Other (see enclosed Notice to Employee)			12b					
							D 224				
						e) 12c					
Ryanland DE 74856-3486				(**************************************		,					
							989				
							128				
							G 3	65			
f Employee's address and ZIP code							•				
15 State Employer's state ID number	9	17 State income tax		18 Local wages, tips, e		19 Local inc		20 Locality name			
NV 716-84-7	709 114053.45	5682.11	:	227863.69		30716	.17	Gibbs Branch			
IA 926-89-0	069   101857.05	6679.29		180726.06		34363	.51	Osborne Path			

Wage and Tax

Form W-2 Statement

5070

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 to file a tax return, a negligence penalty or other sanction may be imposed on you if						
S	TATEMENT	6	16-77-4705	OMB N	OMB No. 1545-0008 to lile 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	Federal income tax withheld					
64-1443268				221317.09			50833.29				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Webb-Davis PLC				246568.26			18862.47				
343 Barbara Flat				5 Medicare wages and tips			6 Medicare tax withheld				
					234601.21	6803.44					
	Baldwinview TX 94727-1268				7 Social security tips			8 Allocated tips			
					246568.26			234601.21			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
	360518							211			
e Emplo	e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12				
Jamie Henson 403 Joshua Rest				290			7818				
				13 Statutory Retirement Third-party employee plan sick pay			12b				
							D 224				
					14 Other (see enclosed Notice to Employee)			12c			
Ryanland DE 74856-3486							.20	l			
			989								
								12d	ı		
						1			G 365		
	yee's address and ZIP co										
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax		20 Locality name	
NV	716-84	1-709	114053.45	5682.11		227863.69 3		30716.17		Gibbs Branch	
IA	926-89	9-069	101857.05	6679.29	180726.06 34		363.51	Osborne Path			

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

