F	REISSUED a Employee's social security number				Safe, Accurate, Salva 1545-0008 FASTI Use Visit the IRS Webs					IRS Website			
S	TATEMENT	79	97-27-1101	ON	ИВ No. 1545-0	008 FAST! U	se	G ~	IIIE	at www.i	rs.gov/efile.		
b Employer identification number					1	1 Wages, tips, other compensation			Federal income tax withheld				
45-9411100						182894.08			50700.68				
c Emplo	yer's name, address, and 2	ZIP code			3	3 Social security wages			4 Social security tax withheld				
Avila PLC Inc						188523.98			14422.08				
01461 Crystal Court Suite 356					5				6 Medicare tax withheld				
East Andre NJ 56808-8246						144392.68				4187.39			
					7	7 Social security tips				8 Allocated tips			
						188523.98			144392.68				
d Control number					9	9 Advance EIC payment			10 Dependent care benefits				
9755218						I			164				
e Emplo	yee's first name and initial	Last name)		11	11 Nonqualified plans			12a See instructions for box 12				
						167			3619				
	Madison	Dennis				13 Statutory Retirement Third-party			2b	1			
08159 Wyatt Parks Suite 305						employee plan sick pay			E 997				
Hicksmouth NH 91302-8803					14	Other (see enclosed No	tice to Employe	ee) 1:	2c	1			
									E	300			
							1:	2d	1				
								E	341				
	yee's address and ZIP cod	e											
15 State	Employer's state ID nu	mber	16 State wages, tips, etc.	17 State income	tax	18 Local wages, tips	, etc.	19 Loca	al income ta:	(20 Locality name		
PA	823-11	-357	89827.43	6469.73		219710.64 35		3552	5527.16		Sarah Glens		
GA	910-58	-968	99958.72	7031.63		179173.31 34		3410	09.42		Cathy Squares		
Wage and Tax Statement						Department of the TreasuryInternal Revenue Service							

Statement Form W-2 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 797-27-1101 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed on you this income is taxable and you fail to report it.								ı you ii			
b Emplo	b Employer identification number					1 Wages, tips, other compensation			2 Federal income tax withheld			
45-9411100					182894.08			50700.68				
c Employer's name, address, and ZIP code						3 Social security wages			4 Social security tax withheld			
Avila PLC Inc					188523.98			14422.08				
01461 Crystal Court Suite 356 East Andre NJ 56808-8246					5 1	Medicare wages and tips	6 Medicare tax withheld					
						144392.68	4187.39					
East Andre NJ 50006-8240				7 Social security tips			8 Allocated tips					
					188523.98			144392.68				
d Control number					9 Advance EIC payment			10 Dependent care benefits				
	9755218								164			
e Emplo	oyee's first name and initial	Last name	е		11 Nonqualified plans			12a See instructions for box 12				
	Madison Dennis				167 13 Statutory Retirement Third-party			3619				
						employee plan sick pay						
08159 Wyatt Parks Suite 305								E 997				
Hicksmouth NH 91302-8803					14 (Other (see enclosed Notice to Employ	12c					
								E	E 300			
							-	12d				
									E 341			
	oyee's address and ZIP coo		140 00000000000000000000000000000000000	147 00000		140 Landon Caracta	140			100 1		
15 State	• •		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income tax		20 Locality	,	
PA	823-11	L-357	89827.43	6469.73		219710.64	35	527.16		Sarah	Glens	
GA	910-58	3-968	99958.72	7031.63		179173.31	34	109.42		Cathy S	Squares	

Wage and Tax

Statement Copy C For EMPLOYEE'S RECORDS. (See enclosed Notice to Employee.)



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

