| REISSUED | a Employee's soci | al security number | | | , | Safe, Accurate, | e a | A HIO | Visit the | IRS Web | site |
|---|-------------------|----------------------------|---------------------|--|-----------------------------------|------------------------------|---------------------------------|--------------------------------|-----------|--------------|---------|
| STATEMENT | 88 | 35-73-5199 | OMB N | o. 1545-0 | 800 I | AST! Use | | ≁file ` | at www. | irs.gov/efil | e. |
| b Employer identification number | | | | 1 ' | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 55-7716100 | 1 | | | 64501.11 | | | | 19264.03 | | | |
| c Employer's name, address, ar | d ZIP code | | | 3 Social security wages | | | | 4 Social security tax withheld | | | |
| Davidson Inc Inc | | | | 80027.48 | | | | 6122.1 | | | |
| 9776 Hayley Forge | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | |
| West Kristenview NV 05736-3570 | | | | 72926.99 | | | | 2114.88 | | | |
| west Kristenview NV 03/36-35/0 | | | | 7 Social security tips | | | | 8 Allocated tips | | | |
| | | | | 80027.48 | | | 72926.99 | | | | |
| d Control number | | | | 9 Advance EIC payment 10 Dependent care benefits | | | | | enefits | | |
| 6637158 | | | | | | | | 172 | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| James Abbott | | | | 293 | | | P 3735 | | | | |
| | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | | 12b | 1 | | |
| 0693 Potter Bridge | | | | X | ¬' | X | | | 323 | | |
| Ryanport GA 09377-7570 | | | | 14 (| Other (see er | closed Notice to Employ | yee) | 12c | 1 | | |
| 1.jun.po20 011 000 // /0/0 | | | | | | | 504 | | | | |
| | | | 12d | | | | | | | | |
| | | | | | | | | E | 962 | | |
| f Employee's address and ZIP | ode | | | | | | | | 10 0= | | |
| 15 State Employer's state ID | | 16 State wages, tips, etc. | 17 State income tax | ! | 18 Local v | 8 Local wages, tips, etc. 19 | | Local income tax | | 20 Locali | ty name |
| NC 141-5 | 9-297 | 35157.89 | 2582.68 | | 80077.56 7 | | 79 | 7949.85 | | Anna 1 | Meadow |
| AL 947-0 | 6-637 | 30278.72 | 2651.09 | 53050.06 1 | | 11 | .352.87 | Taylor | Squares | | |

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 | 8 | 85-73-5199 | 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 Emplo | yer identification number | | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 55-7716100 | | | | | | 64501.11 | 19264.03 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 8 | Social security wages | 4 Social security tax withheld | | | | |
| Davidson Inc Inc | | | | | | 80027.48 | 6122.1 | | | | |
| 9776 Hayley Forge | | | | 5 1 | Medicare wages and tips | 6 Medicare tax withheld | | | | | |
| West Kristenview NV 05736-3570 | | | | | | 72926.99 | 2114.88 | | | | |
| | | | | | 7 5 | Social security tips | 8 Allocated tips | | | | |
| | | | | | | 80027.48 | 72926.99 | | | | |
| d Control number | | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | |
| 6637158 | | | | | | | 172 | | | | |
| e Employee's first name and initial Last name | | | | | 11 1 | Nonqualified plans | 12a See instructions for box 12 | | | | |
| Towns 212 at t | | | | 293 | | | P 3735 | | | | |
| | James Abbott | | | | | tory Retirement Third-party | | 12b | i | | |
| 0693 Potter Bridge | | | | | employee plan sick pay | | | | 323 | | |
| | Ryanport GA 09377-7570 | | | | 14 (| Other (see enclosed Notice to Employ | ree) | 12c | | | |
| Ryampoic GA 09377 7370 | | | | | | | 504 | | | | |
| | | | | | | | 12d | | | | |
| | | | | | | | E 962 | | | | |
| | yee's address and ZIP co | | | | | | | | | | |
| 15 State | Employer's state ID no | | 16 State wages, tips, etc. | 17 State income tax | | 10 2000 Hages, aps, con- | | Local income tax | | 20 Locali | ty name |
| NC | 141-59 | 9-297 | 35157.89 | 2582.68 | | 80077.56 7 | | 7949.85 | | Anna | Meadow |
| AL | 947-06 | 5-637 | 30278.72 | 2651.09 | 53050.06 | | 11 | 352.87 | Taylor | Squares | |

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

