REISSUED a Employee's social s	•			Safe, Acc	4138	Puf	le)		IRS Website	
STATEMENT 653	3-20-8237	OMB No	o. 1545-00	08 FAST! U:	se	G 1	116	at www.ii	rs.gov/efile.	
b Employer identification number			1 W	ages, tips, other comp	ensation	2	Federa	l income tax	withheld	
04-0706170			85103.52			2	22914.04			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Davis-Rogers Inc			94817.18			•	7253.51			
679 Jessica Gardens Suite 104 South Andrea AK 04645-9777			5 Medicare wages and tips 89559.24				6 Medicare tax withheld 2597 . 22			
			7 Social security tips				8 Allocated tips			
			94817.18			•	89559.24			
d Control number			9 Advance EIC payment			10				
2109425			3 A	uvance Lio payment		10	Depend	254	erients	
e Employee's first name and initial Last name			11 N	onqualified plans		12a	Coo in	structions f	ior hay 12	
e Employee's first hame and initial Last hame			II N	oriqualineu piaris		124	See III		OI DOX 12	
Natalie Sosa 2734 Ian River			164				E 3543			
			13 Statutory Retirement Third-party employee plan sick pay			12b		ı		
			Sick pay					229		
Tyronehaven CO	84102-5573		14 0	ther (see enclosed Not	ice to Employe	ee) 12c		i		
							D	826		
						12d	12d			
							P	626		
f Employee's address and ZIP code								020		
1 . 7	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local in	come tax		20 Locality name	
OR 528-94-695	42328.93	3992.7		87488.5		11246	.29		Daniel Walk	
		1								
VA 144-93-628	38489.58	5110.49		98365.32		15868	.54		Jackson Station	

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.

	EISSUED	a Employee's socia	security number 	OMB N	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						
	STATEMENT 653-20-8237 OMB No b Employer identification number			1 1 V	this income is taxable and you Vages, tips, other compensation	to report it. 2 Federal income tax withheld					
04-0706170				85103.52			22914.04				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Davis-Rogers Inc					94817.18			7253.51			
679 Jessica Gardens Suite 104 South Andrea AK 04645-9777				5 Medicare wages and tips			6 Medicare tax withheld				
					89559.24	2597.22					
				7 Social security tips			8 Allocated tips				
						94817.18	89559.24				
d Control number				9 Advance EIC payment			10 Dependent care benefits				
2109425							254				
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
Natalie Sosa			164			E 3543					
Natalle Sosa				13 Statutory Retirement Third-party employee plan sick pay 14 Other (see enclosed Notice to Employee)			12b	i			
2734 Ian River Tyronehaven CO 84102-5573							229				
			12c								
			D				826				
					ŀ	12d					
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	vee's address and ZIP coo								•		
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 ta	20 Locality name		
OR	528-94	1-695	42328.93	3992.7		87488.5	11	246.29		Daniel Walk	
VA	144-93	3-628	38489.58	5110.49		98365.32	15	868.54		Jackson Station	

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

