| F | REISSUED | a Employee's socia | l security number | | | | Safe, Acc | urate, | | H | Visit the | IRS Webs | site | |
|--|---------------------------|--------------------|----------------------------|---------------------|--|-----------------------------------|--------------|--------|---------------------------------|--------------------------------|-----------|-------------|----------|--|
| S | TATEMENT | 73 | 39-22-9097 | OMB N | o. 1545- | 8000 | FAST! U | se | G ~_ | ile | at www.i | rs.gov/efil | e. | |
| b Employer identification number | | | | | 1 | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 03-3114007 | | | | | | 234240.75 | | | | 44562.5 | | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | | 4 | 4 Social security tax withheld | | | | |
| Duarte PLC Inc | | | | | 179343.69 | | | | | 13719.79 | | | | |
| 851 Sarah Walks Apt. 191 | | | | | 5 Medicare wages and tips | | | | 6 | | | | | |
| _ | | | | | 223507.97 | | | | | 6481.73 | | | | |
| South David DE 66112-1195 | | | | | 7 Social security tips | | | | 8 | 8 Allocated tips | | | | |
| | | | | | 179343.69 | | | | | 223507.97 | | | | |
| d Contro | ol number | | | | 9 | 9 Advance EIC payment 1 | | | | 10 Dependent care benefits | | | | |
| 203541 | | | | | | | | | 111 | | | | | |
| e Employee's first name and initial Last name | | | | | 11 Nonqualified plans | | | 12 | 12a See instructions for box 12 | | | | | |
| | | | | | 243 | | | | G 2114 | | | | | |
| Stacy Dodson 5500 Cortez Green North Ann VA 94630-8994 | | | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12 |) | i | | | | |
| | | | | | | | | | P | 789 | | | | |
| | | | | | 14 Other (see enclosed Notice to Employee) | | | | ee) 12 | : | 1 | | | |
| | | | | | | | | | D | D 618 | | | | |
| | | | | | | | | 12 | 12d | | | | | |
| | | | | | | | | | | н | 795 | | | |
| f Emplo | vee's address and ZIP cod | e | | | | | | | | | | | | |
| 15 State | Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | | 18 Loca | wages, tips, | etc. | 19 Local | income ta | ıx | 20 Localit | y name | |
| VT | 408-06 | -604 | 109977.95 | 8467.34 | | 2073 | 89.83 | | 2900 | 7.45 | | Bond | Place | |
| NH | 236-00 | -493 | 114729.07 | 13896.71 | | 1818 | 05.89 | | 3989 | 9.8 | | Mcmahon | Mountain | |

Wage and Tax Statement

5070

Department of the Treasury--Internal Revenue Service

Form W-2 Statement
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.

| REISSUED a Employee's so | REISSUED a Employee's social security number | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | | | |
|---|--|---------------------------------|---|--|------|-------------------------|---------------------------------|-------------|----------|--|--|
| STATEMENT 739-22-9097 | | | 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 Employer identification number | 1 | Wages, tips, other compensation | 2 | Federal income tax withheld | | | | | | | |
| 03-3114007 | | 234240.75 | | 44562.5 | | | | | | | |
| c Employer's name, address, and ZIP code | 3 | Social security wages | 4 | 4 Social security tax withheld | | | | | | | |
| Duarte PLC Inc | | 179343.69 | | 13719.79 | | | | | | | |
| 851 Sarah Walks Apt. 191 | | | | Medicare wages and tips | 6 | 6 Medicare tax withheld | | | | | |
| _ | | | | 223507.97 | | 6481.73 | | | | | |
| South David DE 66112-1195 | | | | 7 Social security tips | | | 8 Allocated tips | | | | |
| | 179343.69 | | | 223507.97 | | | | | | | |
| d Control number | | | | 9 Advance EIC payment | | | 10 Dependent care benefits | | | | |
| 203541 | | | | | 111 | | | | | | |
| e Employee's first name and initial Last name | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| _ | | | | 243 | | | G 2114 | | | | |
| Stacy Dodson | 13 Stat | | 12 | b | | | | | | | |
| 5500 Cortez Green | emp | loyee plan sick pay | | P | 789 | | | | | | |
| North Ann VA 9 | 14 Other (see enclosed Notice to Employee) | | | С | | | | | | | |
| NOPULI ALIII VA 9 | | | | D 618 | | | | | | | |
| | | | | 12d | | | | | | | |
| | | | | 120 | | | | | | | |
| | | | | | | H | 795 | | | | |
| f Employee's address and ZIP code | | | | | | | | | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 10 = 11 m g 10, np 1, 11 m | | | l income ta | x | 20 Locality | name | | |
| VT 408-06-604 | 109977.95 | 8467.34 | 207389.83 | | 2900 | 29007.45 | | Bond : | Place | | |
| NH 236-00-493 | 114729.07 | 13896.71 | | 181805.89 | 3989 | 9.8 | | Mcmahon 1 | Mountain | | |

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

