

		<b>a</b> Employee's social security number 239-71-3954		OMB No. 1545-0008									
<b>b</b> Employer identification number (EIN) 99-8600720			<b>1</b> Wages, tips, other compensation \$211,102.00		<b>2</b> Federal income tax withheld \$54,886.52								
<b>c</b> Employer's name, address and ZIP code  Zegura 13581 Charles St Centerville, WY 15452			<b>3</b> Social security wages \$225,879.14		<b>4</b> Social security tax withheld \$42,917.04								
			<b>5</b> Medicare wages and tips \$225,879.14		<b>6</b> Medicare tax withheld \$54,210.99								
			<b>7</b> Social security tips \$18,070.33		<b>8</b> Allocated tips \$3,433.36								
<b>d</b> Control number KI835508137			<b>9</b>		<b>10</b> Dependent care benefits								
<b>e</b> Employee's first name and initial Last name Suff.  Florence O Chambers 8805 South St Fairview, MD 59409			<b>11</b> Nonqualified plans			<b>12a</b> See instructions for box 12							
			<b>13</b> <table border="0"> <tr> <td>Statutory employee</td> <td>Retirement Plan</td> <td>Third-party sick pay</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Statutory employee	Retirement Plan	Third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>12b</b>	
			Statutory employee	Retirement Plan	Third-party sick pay								
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>14</b> Other			<b>12c</b>										
			<b>12d</b>										
<b>f</b> Employee's address and zip code													
<b>15</b> State WY	Employer's state ID number 99-8600720	<b>16</b> State wages, tips, etc. \$211,102.00	<b>17</b> State income tax \$23,221.22	<b>18</b> Local wages, tips, etc. \$211,102.00	<b>19</b> Local income tax \$12,666.12	<b>20</b> Locality name Centerville							