F	REISSUED	a Employee's socia	l security number			Safe,	Accurate,	erf		Visit the	IRS Websit	е	
S	TATEMENT	45	3-30-0766	OMB N	o. 1545-00	008 FAST	Use	G~II	16	at www.i	rs.gov/efile.		
b Employer identification number				1 V	1 Wages, tips, other compensation			Federal income tax withheld					
87-8882851						193740.14				52312.71			
c Employer's name, address, and ZIP code					3 Social security wages				4 Social security tax withheld				
Washington, Sandoval and Cline Inc					227694.1				17418.6				
87059 Brown Branch East Dakotashire KS 64908-8429				5 Medicare wages and tips				6 Medicare tax withheld					
				214224.83				6212.52					
				7 Social security tips				8 Allocated tips					
					227694.1				214224.83				
d Control number				9 Advance EIC payment			10	10 Dependent care benefits					
2587347								274					
e Employee's first name and initial Last name				11 Nonqualified plans			12a	12a See instructions for box 12					
				118				9884					
	Steven Davis				13 Statutory Retirement Third-party employee plan sick pay					i			
859 Johnson Summit Gravesmouth DE 39407-9127					X X X 14 Other (see enclosed Notice to Employee)				Н	884			
Gravesmoden bil 33407 3127				н 314									
								12d					
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f Emplo	vee's address and ZIP cod	Δ.								232			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income tax	!	18 Local wages,	tips, etc.	19 Local in	come tax	(20 Locality	name	
CA	544-35	-141	92384.35	8346.38		165562.	7	26165	.78		Daniel	. Dam	
NY	873-19	-827	94285.83	9046.51		161720.	7	21746	.37		Nicole	Cove	

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.

REISSUED a Employee's social security number				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															
OTATEMENT	STATEMENT				this income is taxable and you fail to report it.														
b Employer identification number				1 Wages, tips, other compensation			Federal income tax withheld												
87-8882851				193740.14			52312.71												
c Employer's name, address, and ZIP code	3 Social security wages			4	4 Social security tax withheld														
Washington, Sandoval and Cline Inc 87059 Brown Branch East Dakotashire KS 64908-8429				227694.1 5 Medicare wages and tips 214224.83				17418.6 6 Medicare tax withheld 6212.52											
												7 Social security tips				8 Allocated tips			
													227694.1				214224.83		
				d Control number				9 Advance EIC payment			10 Dependent care benefits								
2587347								274											
e Employee's first name and initial Last na	e Employee's first name and initial Last name				11 Nonqualified plans			12a See instructions for box 12											
_				118				9884											
Steven Davis	Steven Davis				13 Statutory Retirement Third-party														
859 Johnson Summit Gravesmouth DE 39407-9127				employee plan sick pay				884											
				14 Other (see enclosed Notice to Employee)			;	i											
								314											
								252											
								252											
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips	s, etc.	19 Local	income ta	x	20 Locality name										
CA 544-35-141	92384.35	8346.38		165562.7		2616	5.78		Daniel Dam										
NY 873-19-827	94285.83	9046.51		161720.7		2174	6 27		T , .										
NY 873-19-827	94203.83	9040.31		101/20./		Z1/4	0.37		Nicole Cove										

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

