REISSUED a Employ	ee's social security number		Safe, Accurate, Visit the IRS Website					IRS Website		
STATEMENT	193-60-1856	OMB N	o. 1545-00	008 FAST! Use		<b>5</b> ~ II	ile	at www.ii	rs.gov/efile.	
b Employer identification number				1 Wages, tips, other compensation			2 Federal income tax withheld			
41-8513717				106090.66			13688.85			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Davis Inc Group				94533.51			7231.81			
00405 John Row				5 Medicare wages and tips			6 Medicare tax withheld			
Jaimeshire UT 25832-0176			76212.92				2210.17			
Jaimeshire UT 25832-0176				7 Social security tips			8 Allocated tips			
				94533.51			76212.92			
d Control number				9 Advance EIC payment			10 Dependent care benefits			
3630808							158			
e Employee's first name and initial Last name			11 Nonqualified plans			12a	12a See instructions for box 12			
Erin Carpenter			274				5159			
			13 Statutory Retirement Third-party			12b	12b			
7314 Peters Crossing				employee plan sick pay			P 169			
_				Other (see enclosed Notice	e to Employe	ee) 12c				
West Brianport OH 26465-0562							D	170		
						124	12d			
						120		I		
							E	370		
f Employee's address and ZIP code	To a second	T.= 2		T					1	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, et		19 Local ir			20 Locality name	
AR 621-81-328	51050.13	5927.97		80603.0		16644	1.21		Chaney Extensions	
wv 473-31-351	56659.41	4775.5		135662.12		13391.74			Simpson Divide	

Wage and Tax

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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.

F	REISSUED	a Employee's socia	al security number		This information is being furnished to the Internal Revenue Service. If you are required						
S	TATEMENT	19	93-60-1856	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>b</b> Emplo	b Employer identification number				Wages, tips, other compensation			2 Federal income tax withheld			
41-8513717					106090.66			13688.85			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Davis Inc Group				94533.51			7231.81				
00405 John Row				5 Medicare wages and tips			6 Medicare tax withheld				
Jaimeshire UT 25832-0176				76212.92			2210.17				
				7 Social security tips			8 Allocated tips				
					94533.51			76212.92			
d Control number				9 Advance EIC payment			10 Dependent care benefits				
3630808								158			
e Employee's first name and initial Last name			11 Nonqualified plans			12a See instructions for box 12					
				274			5159				
Erin Carpenter			13 Statutory Retirement Third-party			12b					
7314 Peters Crossing				empl	oyee plan sick pay		P	169			
7514 receis clossing			14 (		>	12c	103				
West Brianport OH 26465-0562			14 Other (see enclosed Notice to Employee)			120	1				
						D  170					
							12d	1			
						E	370				
f Employee's address and ZIP code											
15 State	Employer's state ID no	umber	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
AR	621-81	L-328	51050.13	5927.97		80603.0 1		16644.21		Chaney Extensions	
wv	473-31	L-351	56659.41	4775.5		135662.12		13391.74		Simpson Divide	

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

