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331 W. 3RD ST. SUITE 200	9		5 Medicare wages and tips 78989.82			tax withheld 1145.35	
DAVENPORT IA 52801-1212	10 Dependent care benefits		11 Nonqualified plans		12a See ins	structions for box 12 16.26	
e Employee's name, address, and ZIP code		13 Statutory Plan Third-party Sick pay b Employer identification number (EIN) 42-0714325 a Employee's social security no.		14 Other		12b	
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Copy B To Be Filed With Employee's FEDERAL	Tax Return	This information is being fumishe		Internal Revenue Service. IB No. 1545-0008			ot. of the Treasury - IRS /eb Site at www.irs.gov/efile
				This information is being furnished	d to the Internal Rev	enue Service. If y	ou are required to file a tax return, a
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Form W-2 Wage and Tax Statemen c Employer's name, address, and ZIP code	8 Allocated tips		72563.40 3 Social security wages		8911.57 4 Social security tax withheld		
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