	ee's SSN 324-03-13		D Employer identification n	umber (EIN) OI-ZIC		OMB No. 1545-0008
	er's name, address, and ZIP cod SINESS INC	le	1 Wgs, tips, other compn 1440.00	2 Fed inc tax withheld 78.00	3 Social security wages 1440.00	Form W-2
8209 GEYER SPRINGS RD		4 SS tax withheld 89.28	5 Medicare wages & tips 1440.00	6 Medicare tax withheld 20.88	Wage and Tax	
LITTL	E ROCK AR	72209	7 Social security tips	8 Allocated tips	9	Statement
d Control	number		10 Depdnt care benefits	11 Nonqualified plans	12a	
₽ Employe	ee's name, address, and ZIP coo	de Suff.	13	14 Other	12b	2017
Linploy	oo o namo, adaresso, ana zii ooc	oun.	Statutory employee.	14 Other		
PRAVA:					12c	Copy B To Be Filed with Employee's FEDERAL Tax Return
	ONGRESSIONAL CI E ROCK AR	72210	Retirement plan		12d	Tax Return This information is being furnished to the Internal
	n noon inc		Third-party sick pay			Revenue Service.
15 State AR	Employer's state ID number	16 State wages, tips, etc 1440.00	7 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/21/17	7 OBDT				Depar	tment of the Treasury — IRS
a Employe	ee's SSN 324-83-13	27	b Employer identification n	umber (FIN) 81-216	 (9552	OMB No. 1545-0008
C Employe	er's name, address, and ZIP cod		1 Wgs, tips, other compn	2 Fed inc tax withheld	3 Social security wages	
OM BU	SINESS INC		1440.00	78.00	1440.00	Form W-2
8209	GEYER SPRINGS F	RD	4 SS tax withheld 89.28	5 Medicare wages & tips 1440.00	6 Medicare tax withheld 20.88	Wage and Tax
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PRAVA	LLIKA DERE ONGRESSIONAL CI	DDY IRCLE		14 Other	12c	Copy 2 To Be Filed With Employee's State, City, or Local
PRAVA	LLIKA DERE ONGRESSIONAL CI	DDY	Statutory employee	14 Other		Copy 2 To Be Filed With Employee's State,
PRAVA	LLIKA DERE ONGRESSIONAL CI	DDY IRCLE 72210	Statutory employee .	14 Other 18 Local wages, tips, etc	12c	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax
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