

Form **W-2 Wage and Tax Statement** 2017

<b>c</b> Employer's name, address, and ZIP code CUDD PUMPING SERVICES, INC. 8032 MAIN STREET HOUMA LA 70360		<b>7</b> Social security tips	<b>1</b> Wages, tips, other compensation 56789.31	<b>2</b> Federal income tax withheld 7244.39	
<b>e</b> Employee's name, address, and ZIP code BARGOW MANI 3601 FAUDREE ROAD APT #937 ODESSA TX 79765		<b>8</b> Allocated tips	<b>3</b> Social security wages 16865.07	<b>4</b> Social security tax withheld 1045.63	
		<b>9</b> Verification code	<b>5</b> Medicare wages and tips 16865.07	<b>6</b> Medicare tax withheld 244.54	
		<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 C 7.20	
		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> <b>b</b> Employer identification number (EIN) 58-2620385 <b>a</b> Employee's social security number 886-68-2045	<b>14</b> Other VEH 600.00	<b>12b</b> D 1155.00 <b>12c</b> DD 3332.32 <b>12d</b>	
<b>15</b> State Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

**Copy B-To Be Filed With Employee's FEDERAL Tax Return** This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile).

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 this income is taxable and you fail to report it.

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**Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)** OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile).

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