

22222		Void <input type="checkbox"/>	a Employee's social security number 437-31-0264		For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN) 72-1075648			1 Wages, tips, other compensation 60590.40		2 Federal income tax withheld 6838.00	
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL LA 70458-2923			3 Social security wages 60590.40		4 Social security tax withheld 3756.60	
			5 Medicare wages and tips 60590.40		6 Medicare tax withheld 878.56	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial CHARLES K		Last name DAMMON		Suff	11 Nonqualified plans	
f Employee's address and ZIP code 124 EDEN ISLES BLVD. SLIDELL LA 70458			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
					12d	
15 State LA	Employer's state ID number 5783394-001	16 State wages, tips, etc. 60590.40	17 State income tax 1524.98	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2025

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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Do Not Cut, Fold, or Staple Forms on This Page

REV QBDT

22222		Void <input type="checkbox"/>	a Employee's social security number 438-96-2519		For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN) 72-1075648			1 Wages, tips, other compensation 60590.40		2 Federal income tax withheld 3198.00	
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL LA 70458-2923			3 Social security wages 60590.40		4 Social security tax withheld 3756.60	
			5 Medicare wages and tips 60590.40		6 Medicare tax withheld 878.56	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial DAVID P		Last name DAMMON		Suff	11 Nonqualified plans	
f Employee's address and ZIP code 14 PEA RIDGE ROAD PICAYUNE MS 39466			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
					12d	
15 State LA	Employer's state ID number 5783394-001	16 State wages, tips, etc. 60590.40	17 State income tax 1168.58	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2025

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Black-and-White Form W-2 (Revised 08/25)

22222		Void <input type="checkbox"/>	a Employee's social security number 434-84-4477		For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN) 72-1075648			1 Wages, tips, other compensation 26005.20		2 Federal income tax withheld 1586.00	
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL LA 70458-2923			3 Social security wages 26005.20		4 Social security tax withheld 1612.32	
			5 Medicare wages and tips 26005.20		6 Medicare tax withheld 377.08	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial BRIAN		Last name MISTICH		Suff	11 Nonqualified plans	
f Employee's address and ZIP code 545 PENNSYLVANIA AVE. SLIDELL LA 70458			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
					12d	
15 State LA	Employer's state ID number 5783394-001	16 State wages, tips, etc. 26005.20	17 State income tax 432.94	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2025

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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REV QB DT

22222		Void <input type="checkbox"/>	a Employee's social security number 435-95-9205		For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN) 72-1075648			1 Wages, tips, other compensation 27111.00		2 Federal income tax withheld 1326.86	
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL LA 70458-2923			3 Social security wages 27111.00		4 Social security tax withheld 1680.88	
			5 Medicare wages and tips 27111.00		6 Medicare tax withheld 393.11	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial LAWSON		Last name PISHER		Suff	11 Nonqualified plans	
f Employee's address and ZIP code 200 CHURCHILL DOWNS DRIVE BUSH LA 70431			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
					12d	
15 State LA	Employer's state ID number 5783394-001	16 State wages, tips, etc. 27111.00	17 State income tax 476.44	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2025

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Black-and-White Form W-2 (Revised 08/25)

22222		Void <input type="checkbox"/>	a Employee's social security number 439-59-2601		For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN) 72-1075648			1 Wages, tips, other compensation 5720.00		2 Federal income tax withheld 78.00	
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDELL LA 70458-2923			3 Social security wages 5720.00		4 Social security tax withheld 354.64	
			5 Medicare wages and tips 5720.00		6 Medicare tax withheld 82.94	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial CYNTHIA L		Last name ROBISON		Suff	11 Nonqualified plans	
f Employee's address and ZIP code 39260 W. PORTER RIVER RD. PEARL RIVER LA 70452			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
				12d		
15 State LA	Employer's state ID number 5783394-001	16 State wages, tips, etc. 5720.00	17 State income tax 94.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2025

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Do Not Cut, Fold, or Staple Forms on This Page

REV QBDT

22222		Void <input type="checkbox"/>	a Employee's social security number		For Official Use Only OMB No. 1545-0029	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code			3 Social security wages		4 Social security tax withheld	
			5 Medicare wages and tips		6 Medicare tax withheld	
			7 Social security tips		8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial		Last name		Suff	11 Nonqualified plans	
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third-party sick pay		12a See instructions for box 12	
			14 Other		12b	
					12c	
				12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

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

2025

Department of the Treasury - Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A For Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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Black-and-White Form W-2 (Revised 08/25)

33333		a Control number	For Official Use Only: OMB No. 1545-0029		
b Kind of Payer (Check one)		941 <input checked="" type="checkbox"/> CT-1	Military <input type="checkbox"/> Hshld. Emp.	943 <input type="checkbox"/> Medicare govt. emp.	944 <input type="checkbox"/>
Kind of Employer (Check one)		None apply <input checked="" type="checkbox"/>		501c non-govt. <input type="checkbox"/>	Third-party sick pay (Check if applicable) <input type="checkbox"/>
State/local non-501c <input type="checkbox"/>		State/local 501c <input type="checkbox"/>		Federal govt. <input type="checkbox"/>	
c Total number of Forms W-2 5	d Establishment number		1 Wages, tips, other compensation 180017.00	2 Federal income tax withheld 13026.86	
e Employer identification number (EIN) 72-1075648		3 Social security wages 180017.00		4 Social security tax withheld 11161.04	
f Employer's name DAMMON ENGINEERING, INC.		5 Medicare wages and tips 180017.00		6 Medicare tax withheld 2610.25	
g Employer's address and ZIP code 554 OLD SPANISH TRAIL SLIDELL LA 70458-292		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
		11 Nonqualified plans		12a Deferred compensation	
h Other EIN used this year		13 For third-party sick pay use only		12b	
15 State LA	Employer's state ID number 5783394-001		14 Income tax withheld by payer of third-party sick pay		
16 State wages, tips, etc. 180017.00	17 State income tax 3696.94		18 Local wages, tips, etc.		19 Local income tax
Employer's contact person CYNTHIA ROBISON		Employer's telephone number (985) 649-5832		For Official Use Only 0000/1030D	
Employer's fax number (985) 641-5950		Employer's email address clhenley7@gmail.com			

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature: EF ONLY-Do not sign

Title:

Date:

Form **W-3 Transmittal of Wage and Tax Statements 2025**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA).

Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.

Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2025 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online fill-in forms or file uploads will be on time if submitted by **February 02, 2026.** For more information, go to www.SSA.gov/bsa.

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **February 02, 2026.**

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." Go to www.irs.gov/PDS for a list of IRS-approved private delivery services.

Step 1: Forms W-2 and W-3 Interview

Welcome to the W-2 and W-3 interview

Have you downloaded the latest version of the forms?

The Forms W-2 and W-3 you currently have are for tax year 2025

If you do not have the latest forms, you should leave the payroll form window, download the latest updates, and start again.

Is Your Company Address Correct?

Failure to ensure your company address is complete and correct will cause you to update the information and resubmit. This includes the street address, city, state, and zip code.

We will guide you through the review and preparation of your W-2 and W-3 tax forms.

This interview will:

- a) Allow you to **edit** your W-2 and W-3 forms
- b) Help you to **review** and **fix errors** in your forms
- c) Allow you to **print** and **save** your forms

Before we begin, here are some **important dates** to mark on your calendar:

1. **February 2, 2026**

Deadline for employers to **deliver a W-2 form to each employee**. Encourage employees to check W-2 forms against their last paycheck paid during the prior year, to ensure that any corrections can be made timely.

2. **February 2, 2026**

Deadline when employers must **file copies of the W-2s with government agencies**.

3. **February 2, 2026**

Deadline when employers who **file electronically** must **file federal copies of the W-2s** with the Social Security Administration (SSA).

Make sure that you file only one Form W-2 (Copy A) per employee.

You must file **one W-2 form for each employee paid during the tax year**.
(You file Copy A with the Social Security Administration)

If you inadvertently create a duplicate W-2 form for an employee and then file both copies with the SSA, the agency may use the information from both forms to determine the employee's reported income. Not only will the employee's reported taxable income be calculated incorrectly, but also the employer payroll liability payments and balances.

To avoid filing multiple W-2 forms for an employee, review the employee list provided in this interview for any duplicates.

Note: Form W-2c is a corrected wage and tax statement and not considered a duplicate filing.

Step 1: Forms W-2 and W-3 Interview

Instructions:

QuickBooks has imported your data into the W-2 forms, but there may be some areas that are incomplete. Please review the information below for accuracy and enter any missing data as needed.

NOTE: If the company trade name is different than the legal name, both will appear below and both will print on all W-2 forms.

Verify your Company Information:

Company legal name DAMMON ENGINEERING, INC.
 Trade name (if different) . . . Dammon Engineering, Inc.
 Company legal address 554 OLD SPANISH TRAIL
 City, State, ZIP code SLIDELL LA 704582923
 Other EIN used this year
 Contact person Cynthia Robison
 Email address clhenley7@gmail.com
 Telephone number (985) 649-5832
 Fax number (985) 641-5950

Answer the following questions:

Kind of Payer **Check one of these boxes:**

What kind of payer are you? 941 (Most common) Household employer
 943 Medicare govt. employer
 944 Military

Kind of Employer **Check one of these boxes:**

What kind of employer are you? None apply (Most common) State/local 501c
 State/local non 501c Federal govt.
 501c non-govt.

Special Situations **Check one of these boxes:** Yes No

Do you have **any** of the following special situations?
 * Statutory employees (*earnings not subject to employee withholding*)
 * Employees with retirement plans (*401k, SEP, SIMPLE, pension, etc.*)
 * Employees who receive 3rd party sick pay (*3rd party provided a Sick Pay Statement*)

Control Number

The control number is optional on Forms W-2 and W-3. The SSA records the control numbers in case they need to reference them when contacting an employer.
 The control number on Form W-3 is different than the control number on Forms W-2, so they can be used for different purposes.

Form W-3 Control Number

The control number for your Form W-3 is: _____

For most current versions of QuickBooks, a control number for Form W-3 is automatically generated.

You can keep the generated entry, override the entry with one more meaningful to you, or delete the control number. If you did not select a group (you selected All Employees in the Select Payroll Form window), QuickBooks does NOT generate a control number.

Form W-2 Control Number

When you first open the W-2 worksheets in the interview, the control number is blank. On each W-2 worksheet, you can manually enter a control number (ex: employee number) or you can leave it blank. For more information about the control number on Forms W-2 and W-3, click the **View details about this form link**.

Review your form

To proceed to viewing your W-2 forms, click *Next*. Remember to click the *Check for Errors* button when you are done with your review.

Step 2: Form W-2 Worksheet

Displaying: DAMMON, CHARLES K | Employee 1 of 5

Employer's Name(s) as Shown on Forms <u>DAMMON ENGINEERING, INC.</u>		Federal ID Number <u>72-1075648</u>			
<p>a Employee's SSN <u>437-31-0264</u></p> <p>b Employer's ID number . . . <u>72-1075648</u></p> <p>c Employer's name, address, and ZIP code <u>DAMMON ENGINEERING, INC.</u></p> <p><u>554 OLD SPANISH TRAIL</u></p> <p><u>SLIDELL</u> State <u>LA</u> <u>70458-2923</u></p> <p>d Control number _____</p> <p>e Employee's name First <u>CHARLES</u> MI <u>K</u> Suffix _____ Last <u>DAMMON</u></p> <p>f Employee's address and ZIP code <u>124 EDEN ISLES BLVD.</u></p> <p><u>SLIDELL</u> State <u>LA</u> <u>70458</u></p>	<p>1 Wages, tips, other compensation <u>60590.40</u></p> <p>3 Social security wages <u>60590.40</u></p> <p>5 Medicare wages and tips <u>60590.40</u></p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p> <p>14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____</p>	<p>2 Federal income tax withheld <u>6838.00</u></p> <p>4 Social security tax withheld <u>3756.60</u></p> <p>6 Medicare tax withheld <u>878.56</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>12 a _____ b _____ c _____ d _____</p>			
<p>15 Employer's state State identification no. <u>LA 5783394-001</u></p>	<p>16 State wages, tips, etc <u>60590.40</u></p>	<p>17 State income tax <u>1524.98</u></p>	<p>18 Local wages, tips, etc</p>	<p>19 Local income tax</p>	<p>20 Locality Name</p>

Step 2: Form W-2 Worksheet

Displaying: DAMMON, DAVID P

Employee 2 of 5

Employer's Name(s) as Shown on Forms <u>DAMMON ENGINEERING, INC.</u>		Federal ID Number <u>72-1075648</u>			
<p>a Employee's SSN <u>438-96-2519</u></p> <p>b Employer's ID number . . . <u>72-1075648</u></p> <p>c Employer's name, address, and ZIP code <u>DAMMON ENGINEERING, INC.</u></p> <p><u>554 OLD SPANISH TRAIL</u></p> <p><u>SLIDELL</u> State <u>LA</u> <u>70458-2923</u></p> <p>d Control number _____</p> <p>e Employee's name First <u>DAVID</u> MI <u>P</u> Suffix _____ Last <u>DAMMON</u></p> <p>f Employee's address and ZIP code <u>14 PEA RIDGE ROAD</u></p> <p><u>PICAYUNE</u> State <u>MS</u> <u>39466</u></p>	<p>1 Wages, tips, other compensation <u>60590.40</u></p> <p>3 Social security wages <u>60590.40</u></p> <p>5 Medicare wages and tips <u>60590.40</u></p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p> <p>14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____</p>	<p>2 Federal income tax withheld <u>3198.00</u></p> <p>4 Social security tax withheld <u>3756.60</u></p> <p>6 Medicare tax withheld <u>878.56</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>12 a _____ b _____ c _____ d _____</p>			
<p>15 Employer's state State identification no. <u>LA 5783394-001</u></p>	<p>16 State wages, tips, etc <u>60590.40</u></p>	<p>17 State income tax <u>1168.58</u></p>	<p>18 Local wages, tips, etc</p>	<p>19 Local income tax</p>	<p>20 Locality Name</p>

Step 2: Form W-2 Worksheet

Displaying: MISTICH, BRIAN | Employee 3 of 5

Employer's Name(s) as Shown on Forms <u>DAMMON ENGINEERING, INC.</u>		Federal ID Number <u>72-1075648</u>	
<p>a Employee's SSN <u>434-84-4477</u></p> <p>b Employer's ID number . . . <u>72-1075648</u></p> <p>c Employer's name, address, and ZIP code <u>DAMMON ENGINEERING, INC.</u></p> <p><u>554 OLD SPANISH TRAIL</u></p> <p><u>SLIDELL</u> State <u>LA</u> <u>70458-2923</u></p> <p>d Control number _____</p> <p>e Employee's name First <u>BRIAN</u> MI _____ Suffix _____ Last <u>MISTICH</u></p> <p>f Employee's address and ZIP code <u>545 PENNSYLVANIA AVE.</u></p> <p><u>SLIDELL</u> State <u>LA</u> <u>70458</u></p>	<p>1 Wages, tips, other compensation <u>26005.20</u></p> <p>3 Social security wages <u>26005.20</u></p> <p>5 Medicare wages and tips <u>26005.20</u></p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p> <p>14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____</p>	<p>2 Federal income tax withheld <u>1586.00</u></p> <p>4 Social security tax withheld <u>1612.32</u></p> <p>6 Medicare tax withheld <u>377.08</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>12 a _____ b _____ c _____ d _____</p>	

15	16	17	18	19	20
Employer's state State identification no.	State wages, tips, etc	State income tax	Local wages, tips, etc	Local income tax	Locality Name
LA 5783394-001	26005.20	432.94			

Step 2: Form W-2 Worksheet

Displaying: PISHER, LAWSON | Employee 4 of 5

Employer's Name(s) as Shown on Forms <u>DAMMON ENGINEERING, INC.</u>		Federal ID Number <u>72-1075648</u>	
a Employee's SSN <u>435-95-9205</u> b Employer's ID number . . <u>72-1075648</u> c Employer's name, address, and ZIP code <u>DAMMON ENGINEERING, INC.</u> <u>554 OLD SPANISH TRAIL</u> <u>SLIDELL</u> State <u>LA</u> <u>70458-2923</u> d Control number _____ e Employee's name First <u>LAWSON</u> MI _____ Suffix _____ Last <u>PISHER</u>	1 Wages, tips, other compensation <u>27111.00</u> 3 Social security wages <u>27111.00</u> 5 Medicare wages and tips <u>27111.00</u> 7 Social security tips _____ 9 _____ 11 Nonqualified plans _____ 13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/>	2 Federal income tax withheld <u>1326.86</u> 4 Social security tax withheld <u>1680.88</u> 6 Medicare tax withheld <u>393.11</u> 8 Allocated tips _____ 10 Dependent care benefits _____ 12 a _____ b _____ c _____ d _____	f Employee's address and ZIP code <u>200 CHURCHILL DOWNS DRIVE</u> <u>BUSH</u> State <u>LA</u> <u>70431</u> 14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____

15	Employer's state State identification no.	16	State wages, tips, etc	17	State income tax	18	Local wages, tips, etc	19	Local income tax	20	Locality Name
	<u>LA 5783394-001</u>		<u>27111.00</u>		<u>476.44</u>						

Step 2: Form W-2 Worksheet

Displaying: ROBISON, CYNTHIA L | Employee 5 of 5

Employer's Name(s) as Shown on Forms <u>DAMMON ENGINEERING, INC.</u>		Federal ID Number <u>72-1075648</u>			
<p>a Employee's SSN <u>439-59-2601</u></p> <p>b Employer's ID number . . . <u>72-1075648</u></p> <p>c Employer's name, address, and ZIP code <u>DAMMON ENGINEERING, INC.</u></p> <p><u>554 OLD SPANISH TRAIL</u></p> <p><u>SLIDELL</u> State <u>LA</u> <u>70458-2923</u></p> <p>d Control number _____</p> <p>e Employee's name First <u>CYNTHIA</u> MI <u>L</u> Suffix _____ Last <u>ROBISON</u></p> <p>f Employee's address and ZIP code <u>39260 W. PORTER RIVER RD.</u></p> <p><u>PEARL RIVER</u> State <u>LA</u> <u>70452</u></p>	<p>1 Wages, tips, other compensation <u>5720.00</u></p> <p>3 Social security wages <u>5720.00</u></p> <p>5 Medicare wages and tips <u>5720.00</u></p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>13 Statutory employee. ▶ <input type="checkbox"/> Retirement plan . . ▶ <input type="checkbox"/> Third-party sick pay ▶ <input type="checkbox"/></p> <p>14 Other descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____ descr _____ Amt _____</p>	<p>2 Federal income tax withheld <u>78.00</u></p> <p>4 Social security tax withheld <u>354.64</u></p> <p>6 Medicare tax withheld <u>82.94</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>12 a _____ b _____ c _____ d _____</p>			
15 Employer's state State identification no. <u>LA 5783394-001</u>	16 State wages, tips, etc <u>5720.00</u>	17 State income tax <u>94.00</u>	18 Local wages, tips, etc _____	19 Local income tax _____	20 Locality Name _____