

Void <input type="checkbox"/>		<b>a</b> Employee's social security number 437-31-0264		OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 72-1075648			<b>1</b> Wages, tips, other compensation 58260.00		<b>2</b> Federal income tax withheld 8025.00		
<b>c</b> Employer's name, address, and ZIP code DAMMON ENGINEERING, INC.  554 OLD SPANISH TRAIL  SLIDEELL LA 70458-2923			<b>3</b> Social security wages 58260.00		<b>4</b> Social security tax withheld 3612.12		
			<b>5</b> Medicare wages and tips 58260.00		<b>6</b> Medicare tax withheld 844.77		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's name, address, and ZIP code CHARLES K DAMMON 124 EDEN ISLES BLVD.  SLIDEELL LA 70458			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e c c c		
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e c c c		
			<b>14</b> Other		<b>12c</b> e c c c		
					<b>12d</b> e c c c		
<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	
LA	5783394-001	58260.00	2223.75				

Form **W-2** Wage and Tax Statement  
Copy D — For Employer

REV 04/09/20 QBDT

2019

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Void <input type="checkbox"/>		<b>a</b> Employee's social security number 438-96-2519		<b>Copy D — For Employer</b> OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 72-1075648			<b>1</b> Wages, tips, other compensation 58260.00		<b>2</b> Federal income tax withheld 3800.00		
<b>c</b> Employer's name, address, and ZIP code DAMMON ENGINEERING, INC.  554 OLD SPANISH TRAIL  SLIDEELL LA 70458-2923			<b>3</b> Social security wages 58260.00		<b>4</b> Social security tax withheld 3612.12		
			<b>5</b> Medicare wages and tips 58260.00		<b>6</b> Medicare tax withheld 844.77		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's name, address, and ZIP code DAVID P DAMMON 285 CROSS GATES BLVD.  SLIDEELL LA 70461			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e c c c		
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e c c c		
			<b>14</b> Other		<b>12c</b> e c c c		
					<b>12d</b> e c c c		
<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	
LA	5783394-001	58260.00	2223.75				

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Void <input type="checkbox"/>		<b>a</b> Employee's social security number 594-24-9645		OMB No. 1545-0008							
<b>b</b> Employer identification number (EIN) 72-1075648			<b>1</b> Wages, tips, other compensation 10185.00		<b>2</b> Federal income tax withheld 538.00						
<b>c</b> Employer's name, address, and ZIP code DAMMON ENGINEERING, INC.  554 OLD SPANISH TRAIL  SLIDELL LA 70458-2923			<b>3</b> Social security wages 10185.00		<b>4</b> Social security tax withheld 631.47						
			<b>5</b> Medicare wages and tips 10185.00		<b>6</b> Medicare tax withheld 147.68						
			<b>7</b> Social security tips		<b>8</b> Allocated tips						
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits						
<b>e</b> Employee's name, address, and ZIP code ROBIN DERR 554 OLD SPANISH TRAIL  SLIDELL LA 70458			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e a c c e						
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e a c c e						
			<b>14</b> Other		<b>12c</b> e a c c e						
					<b>12d</b> e a c c e						
<b>15</b> State Employer's state ID number LA 5783394-001		<b>16</b> State wages, tips, etc. 10185.00		<b>17</b> State income tax 262.85		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

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Void <input type="checkbox"/>		<b>a</b> Employee's social security number 436-79-7366		<b>Copy D — For Employer</b> OMB No. 1545-0008							
<b>b</b> Employer identification number (EIN) 72-1075648			<b>1</b> Wages, tips, other compensation 18060.00		<b>2</b> Federal income tax withheld 931.00						
<b>c</b> Employer's name, address, and ZIP code DAMMON ENGINEERING, INC.  554 OLD SPANISH TRAIL  SLIDELL LA 70458-2923			<b>3</b> Social security wages 18060.00		<b>4</b> Social security tax withheld 1119.72						
			<b>5</b> Medicare wages and tips 18060.00		<b>6</b> Medicare tax withheld 261.87						
			<b>7</b> Social security tips		<b>8</b> Allocated tips						
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits						
<b>e</b> Employee's name, address, and ZIP code JESSICA G MICELI P.O. BOX 2773  SLIDELL LA 70459			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e a c c e						
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e a c c e						
			<b>14</b> Other		<b>12c</b> e a c c e						
					<b>12d</b> e a c c e						
<b>15</b> State Employer's state ID number LA 5783394-001		<b>16</b> State wages, tips, etc. 18060.00		<b>17</b> State income tax 477.05		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

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Void <input type="checkbox"/>		<b>a</b> Employee's social security number 434-84-4477		OMB No. 1545-0008							
<b>b</b> Employer identification number (EIN) 72-1075648			<b>1</b> Wages, tips, other compensation 26005.20		<b>2</b> Federal income tax withheld 1976.00						
<b>c</b> Employer's name, address, and ZIP code DAMMON ENGINEERING, INC.  554 OLD SPANISH TRAIL  SLIDELL LA 70458-2923			<b>3</b> Social security wages 26005.20		<b>4</b> Social security tax withheld 1612.32						
			<b>5</b> Medicare wages and tips 26005.20		<b>6</b> Medicare tax withheld 377.08						
			<b>7</b> Social security tips		<b>8</b> Allocated tips						
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits						
<b>e</b> Employee's name, address, and ZIP code BRIAN MISTICH 545 PENNSYLVANIA AVE.  SLIDELL LA 70458			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e e e e e e e e						
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e e e e e e e e						
			<b>14</b> Other		<b>12c</b> e e e e e e e e						
					<b>12d</b> e e e e e e e e						
<b>15</b> State Employer's state ID number LA 5783394-001		<b>16</b> State wages, tips, etc. 26005.20		<b>17</b> State income tax 694.72		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

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Void <input type="checkbox"/>		<b>a</b> Employee's social security number 439-59-2601		<b>Copy D — For Employer</b> OMB No. 1545-0008							
<b>b</b> Employer identification number (EIN) 72-1075648			<b>1</b> Wages, tips, other compensation 5720.00		<b>2</b> Federal income tax withheld 180.00						
<b>c</b> Employer's name, address, and ZIP code DAMMON ENGINEERING, INC.  554 OLD SPANISH TRAIL  SLIDELL LA 70458-2923			<b>3</b> Social security wages 5720.00		<b>4</b> Social security tax withheld 354.64						
			<b>5</b> Medicare wages and tips 5720.00		<b>6</b> Medicare tax withheld 82.94						
			<b>7</b> Social security tips		<b>8</b> Allocated tips						
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits						
<b>e</b> Employee's name, address, and ZIP code CYNTHIA L ROBISON 39260 W. PORTER RIVER RD.  PEARL RIVER LA 70452			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e e e e e e e e						
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e e e e e e e e						
			<b>14</b> Other		<b>12c</b> e e e e e e e e						
					<b>12d</b> e e e e e e e e						
<b>15</b> State Employer's state ID number LA 5783394-001		<b>16</b> State wages, tips, etc. 5720.00		<b>17</b> State income tax 112.25		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name	

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Void <input type="checkbox"/>		<b>a</b> Employee's social security number 659-07-4362		OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN) 72-1075648			<b>1</b> Wages, tips, other compensation 1671.13		<b>2</b> Federal income tax withheld 15.00		
<b>c</b> Employer's name, address, and ZIP code DAMMON ENGINEERING, INC.  554 OLD SPANISH TRAIL  SLIDELL LA 70458-2923			<b>3</b> Social security wages 1671.13		<b>4</b> Social security tax withheld 103.61		
			<b>5</b> Medicare wages and tips 1671.13		<b>6</b> Medicare tax withheld 24.23		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's name, address, and ZIP code KOBE M STEWART 878 ASHEVILLE DRIVE  SLIDELL LA 70458			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e c c c e		
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e c c c e		
			<b>14</b> Other		<b>12c</b> e c c c e		
					<b>12d</b> e c c c e		
<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	
LA	5783394-001	1671.13	35.10				

Void <input type="checkbox"/>		<b>a</b> Employee's social security number		<b>Copy D — For Employer</b> OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN)			<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		
<b>c</b> Employer's name, address, and ZIP code			<b>3</b> Social security wages		<b>4</b> Social security tax withheld		
			<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		
			<b>7</b> Social security tips		<b>8</b> Allocated tips		
<b>d</b> Control number			<b>9</b>		<b>10</b> Dependent care benefits		
<b>e</b> Employee's name, address, and ZIP code			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 e c c c e		
			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> e c c c e		
			<b>14</b> Other		<b>12c</b> e c c c e		
					<b>12d</b> e c c c e		
<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	