Form W-2 Wage and Tax Statement Copy D — For Employer	2019			Department of the Treasury—Internal Revenue Serv For Privacy Act and Paperwork Reduct Act Notice, see separate instructio				
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15 State Employer's state ID number	16 State wages, tips, etc.	17 State incom	e tax 18 Local wages, tips, etc. 1		19 Local income tax		20 Locality name	
f Employee's address and ZIP code			14 Oth	er	12c			
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions for box 12 C C C C C C C C C C C C C C C C C C C			for box 12		
d Control number			9		10 Dependent care benefits			
				cial security tips	8 Allocated tips			
			5 Me	dicare wages and tips	6 Medicare tax withheld			
c Employer's name, address, and ZIP code			3 Soc	cial security wages	4 Social security tax withheld			
b Employer identification number (EIN)			1 Waq	ges, tips, other compensation	2 Federal income tax withheld			
Void	e's social security number	OMB No. 1545	B No. 1545-0008					

Void a Employ	ee's social security number	OMB No. 1545-0008					
b Employer identification number (EIN)			1 Waq	ges, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code			3 Soc	sial security wages	4 Social security tax withheld		
			5 Me	dicare wages and tips	6 Medicare tax withheld		
				cial security tips	8 Allocated tips		
d Control number					10 Dependent care benefits		
e Employee's first name and initial Last name Suff.				11 Nonqualified plans 12a See instructions for box 12			
				oyee plan sick pay	12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code							
15 State Employer's state ID number	16 State wages, tips, etc.	17 State incor	ne tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	