								Federal Box 1	Soc. Sec. Box 3	& 7 Medicare Box 5
To the right is an	explanation of	the contents o	of the we	ge ho	xes on vour M 2	Gross Wag	es	10015.3	33 10015	.33 10015.33
Please note that						Txbl Benefits			.0010	.00
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						W-2 Wages	x/Wage Limit	10015.3	33 10015	.33 10015.33
D. CONTROL NUMBER This Information is being furnished OARP NO. 1545 0009					1. WAGES, TIPS, OTHER COMPENSATION			4-1-1-1-1-1		
000004589301	This Information is to the Internal Rev		2019	OME	B NO. 1545-0008	1. WAGES, 1		15.33	2. FEDERAL INCOME T	424.45
B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 34-0524704 518-45-8297						3. SOCIAL SECURITY WAGES 10015.33			4. SOCIAL SECURITY TAX WITHHELD 620.95	
C. EMPLOYER'S NAME, A	DDRESS, AND ZIP (5. MEDICARI	WAGES AND TIPS	115.33	6. MEDICARE TAX WI	
METRO WASTEWATER RECLAMATION DISTRICT						10015.33			145.22	
6450 YORK STREET DENVER CO 80229						7, SOCIAL SE	CURITY TIPS		8. ALLOCATED TIPS	
						9.			10. DEPENDENT CARE	BENEFITS
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E. EMPLOYEE'S FIRST NAI Kathryn B	ME AND INITIAL	LAST NA Newha			SUFF.	11. NONQUA	LIFIED PLANS		12.a-d	
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Golden CO 80402						211.0711611				
USA									13. STATUTORY RET	IREMENT X THIRD PARTY
F. EMPLOYEE'S ADDRESS 15. STATE EMPLOYER'S	'S STATE I.D. NO.	16. STATE WAG	ES, TIPS. F	TC.	17. STATE INCOME T	AX	18. LOCAL WAGES	, TIPS, ETC. 10	EMPLOYEE PLA	N SICK PAY 20. LOCALITY NAME
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000004589301	This Information is to the Internal Re-		2019	OME	NO. 1545-0008	L. MAGES,		15.33	ACCEPTANCE HELDING I	424.45
B. EMPLOYER IDENTIFICA	ATION NUMBER	A. EMPLOYEE'S	SOCIAL SEC	CURITY	NUMBER	3. SOCIAL SE	CURITY WAGES	15 22	4. SOCIAL SECURITY T	
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