| | a Employee's social | security number | | | | | | |
|--|----------------------------|----------------------------|------------------|-----------------------------------|---------------|-----------------------------|---------------------------------|------------------|
| | 585-83-8796 | | IB No. 1545-0008 | | | | | |
| b Employer identification number (EIN) | | | | 1 Wages, tips, other compensation | | | 2 Federal income tax withheld | |
| 48-1262210 | | | | \$103,783.00 | | | \$34,248.39 | |
| c Employer's name, address and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | |
| | | | | \$108,972.15 | | | \$25,063.59 | |
| Unexpect 36047 Smith St | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | |
| | | | | \$108,972.15 | | | \$37,050.53 | |
| | | | | 7 Social security tips | | | 8 Allocated tips | |
| Mount Crawford, MI 38618 | | | | \$1,089.72 | | | \$370.51 | |
| | | | | | | | | |
| d Control number | | | | 9 | | | 10 Dependent care benefits | |
| MK859011219 | | | | | | | | |
| e Employee's first name and initial Last name Suff. | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | |
| | | | | 13 Statutory | Retirement | Third-party | 12b | |
| Eleanor T Mcconnell | | | | employee | Plan | sick pay | | |
| 29727 North St | | | | | | $ \overline{\checkmark} $ | | |
| Ste 215 | | | | 14 Other | | | 12c | |
| Salem, NV 81267 | | | | | | | 12d | |
| Salem, NV 01207 | | | | | | | 120 | |
| f Employee's address and zip code | | | | | | | | |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 5 | State income tax | 18 Local wage | es, tips, etc | 19 Local income tax | 20 Locality name |
| MI | 48-1262210 | \$103,783.00 | | \$5,189.15 | \$103,783.00 | | \$2,075.66 | Mount |
| | | | | | | | | Crawford |
| | | | | | | | | |
| | | | | | | | | |