

22222 Void <input type="checkbox"/>		a Employee's social security number 541-31-7332		OMB No. 1545-0008	
b Employer identification number (EIN) 93-1114756			1 Wages, tips, other compensation 22754.67		2 Federal income tax withheld 0.00
c Employer's name, address, and ZIP code ROYAL MOORE TOYOTA 1415 SE RIVER RD PO BOX 646 HILLSBORO, OR 97123			3 Social security wages 22754.67		4 Social security tax withheld 1410.79
			5 Medicare wages and tips 22754.67		6 Medicare tax withheld 329.94
			7 Social security tips		8 Allocated tips
d Control number 2 424 T1023B			9		10 Dependent care benefits
e Employee's name, address, and ZIP code JUSTIN D MOVICK 2200 SE 45TH AVE APT #33 HILLSBORO, OR 97123			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other ORSTT W/H 22.75		12c
					12d
15 State Employer's state ID number OR 1800006-7		16 State wages, tips, etc. 22754.67	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
					20 Locality name

Form **W-2** Wage and Tax Statement
 Copy 1—For State, City, or Local Tax Department
 Copy D—For Employer

2019

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