| 1 | al security number | | | Safe, Accurate, | e≁file | Visit the IRS Website | | |
|---|----------------------------|---------------------|-------------|---------------------------------|--------------------|--------------------------------|-------|--|
| | 30-47-5822 | OMB No | o. 1545-00 | 108 FAST! USE | | at www.irs.gov/efile. | | |
| b Employer identification number (EIN) | | | 1 V | Vages, tips, other compensation | 2 Federa | 2 Federal income tax withheld | | |
| 95-6180346 | | | | 125103.84 | 3958 | 39587.76 | | |
| c Employer's name, address, and ZIP code | | | 3 S | ocial security wages | 4 Social | 4 Social security tax withheld | | |
| Cox PLC Ltd | | | | 156942.76 | 1200 | 12006.12 | | |
| 01265 Leach Hills Suite 444 | | | | fedicare wages and tips | 6 Medica | | | |
| West Joelstad OK 84975-1473 | | | | 109724.4 | | 3182.01 | | |
| west Joeistad Ok 64975-1475 | | | 7 S | ocial security tips | 8 Allocat | 8 Allocated tips | | |
| | | | | 156942.76 | | 109724.4 | | |
| d Control number | | | 9 | | 10 Depen | ndent care benefits | | |
| 23 | | | | | | 255 | | |
| e Employee's first name and initial Last name Suff. | | | 11 N | lonqualified plans | 12a See in | | | |
| | | | | 275 | o d e | 4770 | | |
| Mary James | | | 13 Statut | | 12b | 1 | | |
| 94613 Jordan Wall | | | emplo | pyee plan sick pay | C o d e | 699 | | |
| Longstad MS | 86643-4629 | | 14 O | Other | 12c | | | |
| Hollystad MS 80043-4029 | | | | | ° Y | 684 | | |
| | | | | | 12d | | | |
| | | | | | с а Y | 144 | | |
| f Employee's address and ZIP code | | | | | е | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 Local income ta | x 20 Locality nam | ne | |
| NJ 592-85-924 | 64524.86 | 4118.83 | | 93145.96 | 23346.62 | William Fo | orks | |
| ні 542-08-011 | 63289.2 | 3845.46 | | 132708.61 | 18096.79 | Norris Strav | zenue | |

Wage and Tax
m w-2 Statement

2019

Department of the Treasury--Internal Revenue Service

Copy B--To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

| a Employee's social security n | a Employee's social security number This information is being furnished to the Internal Revenue Service. If you are red | | | | | | | | |
|---|--|---------------|---|--|-------|-------------------------------|--------------------------------|------------------|--|
| 130-47- | -5822 | OMB No. | to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | | | | |
| b Employer identification number | | | 1 \ | Vages, tips, other compensation | | 2 Federal income tax withheld | | | |
| 95-6180346 | | | | 125103.84 | | | 39587.76 | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | |
| Cox PLC Ltd | | | | 156942.76 | | | 12006.12 | | |
| 01265 Leach Hills Suite 444 | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | |
| | | | 109724.4 | | | 3182.01 | | | |
| West Joelstad OK 84975-1473 | | | | Social security tips | | 8 Allocate | ed tips | | |
| | | | | 156942.76 | | | 10972 | 24.4 | |
| d Control number | | | 9 | | | 10 Depend | dent care be | nefits | |
| 2324008 | | | | | | | 255 | | |
| e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans 12a See instructions for box 12 | | | | or box 12 | | |
| Mary James | | | 275 13 Statutory Retirement Third-party | | | 4770 | | | |
| | | | | | | 12b | | | |
| 94613 Jordan Wall | | | | employee plan sick pay | | | 699 | | |
| 94013 DOIGAII WALL | | | 14 Other (see enclosed Notice to Employee) | | | 120 | | | |
| Longstad MS 866 | 43-4629 | | 14 (| Striet (see enclosed Notice to Employe | | 120 | 1 | | |
| | | | | | | Y | 684 | | |
| | | | | | | 12d | i | | |
| | | | | | | Y | 144 | | |
| f Employee's address and ZIP code | | | | | | | | | |
| 15 State Employer's state ID number 16 State v | vages, tips, etc. 17 Stat | te income tax | | 18 Local wages, tips, etc. | 19 Lo | cal income tax | | 20 Locality name | |
| NJ 592-85-924 6452 | 4.86 4118 | 8.83 | | 93145.96 | 233 | 46.62 | | William Forks | |
| HI 542-08-011 6328 | 9.2 384 | 5.46 | | 132708.61 | 180 | 96.79 | | Norris Stravenue | |

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

