

a Employee's social security number <div style="text-align: center; font-weight: bold;">093-80-4872</div>		OMB No. 1545-0008		Safe, Accurate, FAST! Use		Visit the IRS Website at www.irs.gov/efile .	
b Employer identification number (EIN) <div style="text-align: center; font-weight: bold;">71-5979494</div>				1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">126301.79</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">41252.77</div>	
c Employer's name, address, and ZIP code <div style="text-align: center; font-weight: bold;"> Moore, May and Quinn and Sons 716 Gabrielle Common Reneehaven UT 93852-4697 </div>				3 Social security wages <div style="text-align: center; font-weight: bold;">109409.55</div>		4 Social security tax withheld <div style="text-align: center; font-weight: bold;">8369.83</div>	
				5 Medicare wages and tips <div style="text-align: center; font-weight: bold;">118613.76</div>		6 Medicare tax withheld <div style="text-align: center; font-weight: bold;">3439.8</div>	
				7 Social security tips <div style="text-align: center; font-weight: bold;">109409.55</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">118613.76</div>	
d Control number <div style="text-align: center; font-weight: bold;">54</div>				9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">225</div>	
e Employee's first name and initial Last name <div style="text-align: center; font-weight: bold;"> Adam Wilson 36699 Daniel Lights Suite 235 Bradleyshire WV 26745-4492 </div>				11 Nonqualified plans <div style="text-align: center; font-weight: bold;">201</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">4769</div>	
				13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		12b <div style="text-align: center; font-weight: bold;">607</div>	
				14 Other		12c <div style="text-align: center; font-weight: bold;">BB 812</div>	
						12d <div style="text-align: center; font-weight: bold;">765</div>	
f Employee's address and ZIP code		15 State Employer's state ID number <div style="text-align: center; font-weight: bold;">LA 800-97-480</div>		16 State wages, tips, etc. <div style="text-align: center; font-weight: bold;">62087.98</div>		17 State income tax <div style="text-align: center; font-weight: bold;">6450.85</div>	
				18 Local wages, tips, etc. <div style="text-align: center; font-weight: bold;">90886.88</div>		19 Local income tax <div style="text-align: center; font-weight: bold;">14301.64</div>	
						20 Locality name <div style="text-align: center; font-weight: bold;">Robert Way</div>	

**Wage and Tax
Statement**

2019

Department of the Treasury--Internal Revenue Service

Form W-2

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 number <div style="text-align: center; font-weight: bold;">093-80-4872</div>		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required 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 <div style="text-align: center; font-weight: bold;">71-5979494</div>				1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">126301.79</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">41252.77</div>	
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				7 Social security tips <div style="text-align: center; font-weight: bold;">109409.55</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">118613.76</div>	
d Control number <div style="text-align: center; font-weight: bold;">5445962</div>				9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">225</div>	
e Employee's first name and initial Last name <div style="text-align: center; font-weight: bold;"> Adam Wilson 36699 Daniel Lights Suite 235 Bradleyshire WV 26745-4492 </div>				11 Nonqualified plans <div style="text-align: center; font-weight: bold;">201</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">4769</div>	
				13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		12b <div style="text-align: center; font-weight: bold;">607</div>	
				14 Other (see enclosed Notice to Employee)		12c <div style="text-align: center; font-weight: bold;">BB 812</div>	
						12d <div style="text-align: center; font-weight: bold;">765</div>	
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**Wage and Tax
Statement**

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Department of the Treasury--Internal Revenue Service

Form W-2

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)

Safe, accurate,
FAST! Use

