| a Employee's soci | al security number 31–95–0356 | OMB N | o. 1545-00 | | e, Accurate, T! Use | e ~1 | ile | | IRS Website rs.gov/efile. | | | |
|---|----------------------------------|---------------------|---|-----------------------------------|------------------------------|---------------------|---------------------------------|--------------------------------|------------------------------|--|--|--|
| b Employer identification number (EIN) | | | 1 V | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | |
| 93-8909237 | | | | 191392.77 | | | | 65673.92 | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | |
| Welch and Sons PLC | | | 176164.97 | | | | 13476.62 | | | | | |
| 81253 Stephanie Plains Apt. 610 | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| | | | 213131.6 | | | | 6180.82 | | | | | |
| South Bridget WI 17836-4780 | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| | | | 176164.97 | | | | 213131.6 | | | | | |
| d Control number | | | | 9 | | | | 10 Dependent care benefits | | | | |
| 7: | | | | | | | | 263 | | | | |
| e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans | | | 12a C | 12a See instructions for box 12 | | | | | |
| Johnathan Wright | | | 281 13 Statutory Retirement Third-party | | | g K 9729 | | | | | | |
| Domiacian Wilght | | | | tory Retirer oyee plan | ment Third-party sick pay | 12b | 1 | İ | | | | |
| 4143 Stephanie Field Suite 053 | | | | x | x | o d e | BB | 608 | | | | |
| Meganburgh MO 73050-6310 | | | 14 (| Other | | 12c | | | | | | |
| | | | | | | o d | | | | | | |
| | | | | | | 12d | | | | | | |
| | | | | | | o d e | E | 587 | | | | |
| f Employee's address and ZIP code | Tra array | Line | | Lini | | 140 | | | Tag t vi | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | | 19 Local income tax | | | 20 Locality name | | | |
| IN 490-05-682 | 104114.62 | 9924.15 | | 134576 | . 67 | 2486 | 4.63 | | Allen Pines | | | |
| ку 994-31-630 | 91543.02 | 8400.9 | | 135462 | . 81 | 2526 | 9.81 | | Baker Trace | | | |

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 soci | al security number | | | This information is being furnis | | | | | | |
|--|-------------------|----------------------------|---|---------------------------------|----------------------------------|---------------------------------|--------------------------------|----------|-------------|-------------|----------|
| | | | | | | | alty or oth report it. | er sanct | tion may be | e imposed o | n you if |
| b Employer identification number | | | 1 | Wages, tips, other compensation | | Federal income tax withheld | | | | | |
| 93-8909237 | | | | 191392.77 | | 65673.92 | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Welch and Sons PLC | | | 176164.97 | | | 13476.62 | | | | | |
| 81253 Stephanie Plains Apt. 610 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| South Bridget WI 17836-4780 | | | | 213131.6 | 6180.82 | | | | | | |
| | | | 7 Social security tips | | | 8 Allocated tips | | | | | |
| | | | | | 176164.97 | | | | 2131 | | |
| d Control number | | | | 9 | | | 10 | Depende | ent care be | enefits | |
| 739086 | | | | | | | | | 263 | | |
| e Employee's first name and initial Last name Suff. | | | 11 | Nonqualified plans | | 12a See instructions for box 12 | | | | | |
| Johnathan Wright | | | 281 13 Statutory Retirement Third-party | | | K 9729 | | | | | |
| 4143 Stephanie Field Suite 053 Meganburgh MO 73050-6310 | | | employee plan sick pay X X 14 Other (see enclosed Notice to Employee) | | | | вв | 608 | | | |
| | | | | | | 12c | 1 | | | | |
| | | | | | | | s 315 | | | | |
| | | | | | | 12d | | | | | |
| | | | | | | | | E | 587 | | |
| f Employee's address and ZIP | code | | | | | | | | | | |
| 15 State Employer's state ID | | 16 State wages, tips, etc. | 17 State income tax | 1 | 18 Local wages, tips, etc. | 19 L | ocal inco | me tax | | 20 Localit | y name |
| IN 490-0 |)5-682 | 104114.62 | 9924.15 | | 134576.67 | 24 | 864. | 63 | | Allen | Pines |
| ку 994-: | 31-630 | 91543.02 | 8400.9 | | 135462.81 | 25 | 269. | 81 | | Baker | Trace |

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

