a Employee's soci	al security number 37–85–7233	OMB N	o. 1545-00	•	Accurate, Use	£1	file		IRS Website rs.gov/efile.	
b Employer identification number (EIN)			1 Wages, tips, other compensation				2 Federal income tax withheld			
76-7217426				200321.52				33514.16		
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld		
Castro, Ponce and Miller Ltd				234085.67				17907.55		
98925 Scott Wall			5 Medicare wages and tips				6 Medicare tax withheld			
3322 3333			226396.45				6565.5			
North Dawn TN 54813-8741			7 Social security tips				8 Allocated tips			
				234085.0	67			2263	96.45	
d Control number			9			1	10 Depend	dent care be	enefits	
22								196		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans				12a See instructions for box 12			
Michele Sullivan			295			i d	B 8996			
			13 Statutory Retirement Third-party				12b			
F40 1 . 1 =				oyee plan	sick pay	0	0			
549 Mcdaniel Forges					X	e	e	537		
West Christopherhaven VA 18482-91			14 (Other		1	12c C			
						d	Y	415		
						1	12d			
						0	C 0 d TTT	744		
						-	HH	/44		
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages,	tips, etc.	19 Loc	cal income tax	(20 Locality name	
MS 191-27-699	91326.96	3263.06		241164.3	•		50.19		Martinez Route	
131 27 033	71320.90	3203.00		241104.		223			Marcinez Route	
WV 066-20-119	108198.51	4224.77		193072.9	93	268	01.54		Perez Prairie	

Wage and Tax

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 number					This information is being furnished to the Internal Revenue Service. If you are required					
	237-85-7233 OMB No				No. 1545-0	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 \				2 Federal income tax withheld			
76-7217426					200321.52			33514.16			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Castro, Ponce and Miller Ltd					234085.67			17907.55			
98925 Scott Wall				5 1	5 Medicare wages and tips			6 Medicare tax withheld			
North Dawn TN 54813-8741				226396.45			6565.5				
			7 5	7 Social security tips			8 Allocated tips				
					234085.67			226396.45			
d Contro	d Control number			9	9			10 Dependent care benefits			
2286507							196				
e Employee's first name and initial Last name Suff.			ıff. 11 l	11 Nonqualified plans			12a See instructions for box 12				
Michele Sullivan			43 State	295 13 Statutory Retirement Third-party sick pay X 14 Other (see enclosed Notice to Employee)			P 8996				
549 Mcdaniel Forges West Christopherhaven VA 18482-91							empl X	537			
							14 (12c			
							415				
							12d				
							нн	744			
	yee's address and ZIP cod										
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income to	ax	18 Local wages, tips, etc.		ocal income tax		20 Locality name	
MS	191-27	-699	91326.96	3263.06		241164.38	22	350.19		Martinez Route	
WV	066-20	-119	108198.51	4224.77		193072.93	26	801.54		Perez Prairie	

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

