


|  |                            |   |                     |   |                     |  |  |
|--|----------------------------|---|---------------------|---|---------------------|--|--|
|  |                            | a Employee's social security number<br><b>108-24-7081</b> |                     | Safe, Accurate,<br>FAST! Use  |                     |  Visit the IRS Website<br>at www.irs.gov/efile. |  |
| b Employer identification number (EIN)<br><b>84-1584985</b>  |                            |   |                     | 1 Wages, tips, other compensation<br><b>81639.01</b>  |                     | 2 Federal income tax withheld<br><b>14060.34</b>   |  |
| c Employer's name, address, and ZIP code<br><b>Gross Inc PLC<br/>688 Munoz Neck Suite 208<br/>South Timothy NC 01348-3619</b>                |                            |   |                     | 3 Social security wages<br><b>58969.18</b>  |                     | 4 Social security tax withheld<br><b>4511.14</b>   |  |
|  |                            |   |                     | 5 Medicare wages and tips<br><b>71029.25</b>  |                     | 6 Medicare tax withheld<br><b>2059.85</b>  |  |
|  |                            |   |                     | 7 Social security tips<br><b>58969.18</b>   |                     | 8 Allocated tips<br><b>71029.25</b>  |  |
| d Control number<br><b>9*</b>  |                            |   |                     | 9 Verification Code   |                     | 10 Dependent care benefits<br><b>265</b>   |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Rebecca Marshall<br/>61350 Jennifer Estates<br/>Brendanhaven KY 73987-5867</b> |                            |   |                     | 11 Nonqualified plans<br><b>274</b>   |                     | 12a See instructions for box 12<br>C<br>o<br>d<br>e<br><b>K 2032</b>   |  |
|  |                            |   |                     | 13 Statutory Retirement Third-party<br>employee plan sick pay<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> |                     | 12b<br>C<br>o<br>d<br>e<br><b>F 193</b>  |  |
|  |                            |   |                     | 14 Other  |                     | 12c<br>C<br>o<br>d<br>e<br><b>BB 840</b>   |  |
|  |                            |   |                     |   |                     | 12d<br>C<br>o<br>d<br>e<br><b>B 946</b>  |  |
| 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 Local income tax | 20 Locality name   |  |
| <b>CT</b>  | <b>011-21-162</b>          | <b>37580.41</b>   | <b>3682.04</b>      | <b>98583.69</b>   | <b>15969.38</b>     | <b>Sandra Springs</b>  |  |
| <b>WI</b>  | <b>373-87-440</b>          | <b>43794.19</b>   | <b>3334.62</b>      | <b>88472.11</b>   | <b>10479.35</b>     | <b>Donna Freeway</b>   |  |

**Wage and Tax  
Statement**

**2018**

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.