				I				
1	Wages, tips, other comp.			2 Federal income tax withheld				
	245027.4	8		83617.73				
	Casial assumiture			4 Social security tax withheld				
3	Social security wages 227228.51			4 Social	security t			
	22/228.5	1		17382.98				
5	Medicare wares	and tine		6 Medic	hheld			
	Medicare wages and tips 189269.92			6 Medicare tax withheld 5488.83				
	103203.3	_				3400.03		
d	Control number		Dept.	Corp.		Employer use only		
673	31611		150	'		A 36		
С	Employer's nam	e, address	and ZIP c	ode				
	Floyd,	Bell	and Gi	reene G	roup			
	42469	Samant	ha Gro	ove				
	South	Kelly	WA 8	34197-4	265			
		-						
				Batch		#02021		
b	Employer's FED	•	a Employee's SSA number					
	56-79167					0		
7	Social security t	-		8 Alloca	ted tips			
	227228.5	1				189269.92		
_	V ''' (' 0 I			10 5				
9	Verification Code		10 Dependent care benefits					
	0					116		
11	Nonqualified plans		12a See instructions for box 12					
Ι	268	4110		12a See Ilistructions for box 12				
				н	ı	3617		
14	Other			12b	<u>·</u>	253		
				12c	i	347		
				12d		113		
				13 Stat emp.	Ret. Plan	3rd party sick pay		
				x	0	x		
e/f	Employees nam	e, address	and ZIP co	de		•		
	Stephe	tephen Haynes						
6315 Frederick Island								
	Tracyfurt KY 77522-2214							
	Tracyi	urt Ki	<u>.</u>	11322-2	Z14			
15	State	State Employeed state ID no 46 State wages time atc				ns atc		
'`	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				131396.69			
	NE	09-30-49	4			131390.09		
17	State income ta	State income tax			18 Local wages, tips, etc.			
`	5187.25			186414.0				
19	Local income to	ax		20 Loca	lity name			
•				•	-			

43028.8	33			Miller Port	
	Federal Wage	Filing and	Tax	Сору	
W-2	ent		2018		
Copy B to be filed with employee's Federal Income Tax Return				OMB No. 1545-0008	