a Employee's socia	al security number 50-79-9522	OMB N	o. 1545-00	•	use	e of	ile)		IRS Website rs.gov/efile.		
b Employer identification number (EIN)				1 Wages, tips, other compensation				2 Federal income tax withheld			
93-0065435				97144.55				26543.25			
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld			
Conner-Simpson PLC				82767.34				6331.7			
1436 Erika Center Apt. 306				5 Medicare wages and tips				6 Medicare tax withheld			
Reynoldsland VT 20532-6234				81881.72				2374.57			
Reynoldsiand VI 20002 0204			7 Social security tips				8 Allocated tips				
1 Outstanding	82767.34			40	81881.72						
d Control number				9			10 Dependent care benefits				
3(241				
e Employee's first name and initial Last name	9	Suff.	11 N	lonqualified plans		12a C	See in	structions	for box 12		
Paul Pearson			151			o d	3 V 1277				
			13 Statutory Retirement Third-party				12b				
5910 Bradshaw Plaza Apt. 401				oyee plan	sick pay	C d e	Y	200			
Guerreroville ID 97433-2691			14 Other			12c					
Guerreroville ib 97455-2091							J	915			
						12d		713			
						C o d	_	0.60			
						e	С	368			
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, ti	ns etc	19 Local ii	ncome tax	x	20 Locality name		
MO 143-64-717	51151.45	2498.08		* ' ' '		10107.87			,		
	31131.43	2430.00		94231.25	, 	1010	, ,		Cuevas Streets		
MO 780-08-528	46307.39	3245.89		100440.4	19	15048	3.1		Foster Locks		

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 socia	ol security number 50-79-9522	OMB N	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				1 Wages, tips, other compensation			Federal income tax withheld			
93-0065435				97144.55			26543.25			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Conner-Simpson PLC				82767.34			6331.7			
1436 Erika Center Apt. 306 Reynoldsland VT 20532-6234			5 Medicare wages and tips			6 Medicare tax withheld				
			81881.72			2374.57				
			7 Social security tips			8 Allocated tips				
						82767.34			8188	1.72
d Contro	ol number				9			10 Depe	ndent care b	enefits
3000710							241			
e Employee's first name and initial Last name Suff.			11 Nonqualified plans			12a See instructions for box 12				
Paul Pearson			151 13 Statutory Retirement Third-party employee Plan Sick pay X 14 Other (see enclosed Notice to Employee)			V	1277			
5910 Bradshaw Plaza Apt. 401						Y	200			
Guerreroville ID 97433-2691						12c	i			
0401101011110 12 371100 1031						J	915			
						12d				
						С	368			
	oyee's address and ZIP coo									
15 State	, ,		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		ocal income to		20 Locality name
MO	143-64	-717	51151.45	2498.08		94251.25 1		L0107.87		Cuevas Streets
мо	780-08	3-528	46307.39	3245.89		100440.49	15	048.1		Foster Locks

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

