|   |           | al security number         | OMB N   | o. 1545-00  |        | , Accurate,<br>T! Use | *E+f                    | H                                       |                  | IRS Website |  |
|---|-----------|----------------------------|---------|---|--------|-----------------------|-------------------------|---|------------------|-------------|--|
| b Employer identification number (EIN) 74-2993178   |           |                            |         | 1 Wages, tips, other compensation 155137.64                     |        |                       |                         | 2 Federal income tax withheld 16190.07  |                  |             |  |
| c Employer's name, address, and ZIP code  Kerr, Vance and Clark Ltd   |           |                            |         | 3 Social security wages 190757.1                                |        |                       |                         | 4 Social security tax withheld 14592.92 |                  |             |  |
| 807 Linda Burg Apt. 570   |           |                            |         | 5 Medicare wages and tips<br>130046.13                          |        |                       |                         | 6 Medicare tax withheld 3771.34         |                  |             |  |
| Port Markton IA 91970-6705  |           |                            |         | 7 Social security tips 190757.1                                 |        |                       |                         | 8 Allocated tips 130046.13              |                  |             |  |
| d Control number  |           |                            |         | 9   |        |                       | 10                      | ·                                       | lent care be     |             |  |
| Employee's first name and initial     Last name     Suff.      Amy Gonzales   |           |                            |         | 11 Nonqualified plans  173  13 Statutory Retirement Third-party |        |                       |                         | 12a See instructions for box 12  C      |                  |             |  |
| 00574 Moss Corners<br>West Richardland CT 81579-6458  |           |                            |         | employee plan sick pay  14 Other                                |        |                       | C<br>o<br>d<br>e        |   | 952              |             |  |
|   |           |                            |         |   |        |                       | 12c<br>C<br>o<br>d      | g T 851                                 |                  |             |  |
|   |           |                            |         |   |        |                       | 12d<br>C<br>o<br>d<br>e |   | 853              |             |  |
| f Employee's address and ZIP code  15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax |           |                            |         |   | 140 1  |                       | 140 1 11                |   |                  | 100 1       |  |
|   |           | 16 State wages, tips, etc. |         | 3-1, 1, 1, 1  |        |                       | 19 Local income tax     |   | 20 Locality name |             |  |
| CA 0  | 65-52-486 | 72361.66                   | 2736.74 |   | 117330 | . 46                  | 22867                   | 1.12                                    |                  | Ellis Trail |  |
| WA 7  | 26-07-466 | 82054.21                   | 3281.07 |   | 146377 | . 22                  | 18921                   | L.57                                    |                  | Levy Glen   |  |

Wage and Tax
orm 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 social security number                  |  |                            |  | This information is being furnished to the Internal Revenue Service. If you are required |                            |                                 |                 |              |             |          |  |
|--|--|--|----------------------------|--|--|----------------------------|---------------------------------|-----------------|--------------|-------------|----------|--|
|  |  | 204-43-4552  OMB No. 1545-0008  to file a tax return, a negligence pena this income is taxable and you fail to refer to the company of the co |                            |  |  |                            |                                 |                 | ction may be | e imposed o | n you if |  |
| b Employer identification number                                     |  |  |                            | Wages, tips, other compensation  |  |                            | 2 Federal income tax withheld   |                 |              |             |          |  |
| 74-2993178   |  |  |                            | 155137.64  |  |                            | 16190.07                        |                 |              |             |          |  |
| c Employer's name, address, and ZIP code                             |  |  |                            | 3 Social security wages  |  |                            | 4 Social security tax withheld  |                 |              |             |          |  |
| Kerr, Vance and Clark Ltd  |  |  |                            | 190757.1   |  |                            | 14592.92                        |                 |              |             |          |  |
| 807 Linda Burg Apt. 570  |  |  |                            | 5 Medicare wages and tips  |  |                            | 6 Medicare tax withheld         |                 |              |             |          |  |
| Port Markton IA 91970-6705   |  |  |                            | 130046.13  |  |                            | 3771.34                         |                 |              |             |          |  |
|  |  |  |                            | 7 Social security tips   |  |                            | 8 Allocated tips                |                 |              |             |          |  |
|  |  |  |                            | 190757.1   |  |                            | 130046.13                       |                 |              |             |          |  |
| d Control number   |  |  |                            | 9 10 Dependent care benefits   |  |                            |                                 |                 | enefits      |             |          |  |
| 4566330  |  |  |                            | 169  |  |                            |                                 |                 |              |             |          |  |
| e Employee's first name and initial Last name Suff.                  |  |  |                            | 11 Nonqualified plans  |  |                            | 12a See instructions for box 12 |                 |              |             |          |  |
| Amy Gonzales<br>00574 Moss Corners<br>West Richardland CT 81579-6458 |  |  |                            | 173  13 Statutory Retirement Third-party employee plan sick pay  X Defen (see enclosed Notice to Employee) |  |                            | A 6462                          |                 |              |             |          |  |
|  |  |  |                            |  |  |                            | 12b<br><b>K</b>                 | 952             |              |             |          |  |
|  |  |  |                            |  |  |                            | 12c                             |                 |              |             |          |  |
|  |  |  |                            |  |  |                            | T                               | 851             |              |             |          |  |
|  |  |  |                            |  |  |                            | 12d                             |                 |              |             |          |  |
|  |  |  |                            |  |  |                            |                                 | м               | 853          |             |          |  |
|  |  |  |                            |  |  |                            | M                               | 655             |              |             |          |  |
| 15 State   | oyee's address and ZIP cod<br>Employer's state ID nu |  | 16 State wages, tips, etc. | 17 State income tax  | l .  | 18 Local wages, tips, etc. | 19 Lo                           | ocal income tax | :            | 20 Localit  | y name   |  |
| CA   | 065-52   | -486   | 72361.66                   | 2736.74  |  | 117330.46                  | 228                             | 367.12          |              | Ellis       | Trail    |  |
|  |  |  |                            | ·  |  |                            | 1                               |                 |              | †           |          |  |
| WA   | 726-07   | -466   | 82054.21                   | 3281.07  |  | 146377.22                  | 189                             | 921.57          |              | Levy        | Glen     |  |

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

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