	' '	cial security number	OMB N	o. 1545-000	Safe, Accurate, 8 FAST! Use	RS E	√file •		IRS Website		
b Employer identification number (EIN) 77-3254105				1 Wages, tips, other compensation 228723.31			2 Federal income tax withheld 42167.44				
c Employer's name, address, and ZIP code				3 Social security wages 296862.61			4 Social security tax withheld 22709.99				
Copeland and Sons Inc 81400 Carter View				5 Medicare wages and tips 282759.98			6 Medicare tax withheld 8200.04				
West Brittney IA 06176-8273				7 Social security tips 296862.61			8 Allocated tips 282759.98				
d Control number					9			10 Dependent care benefits 245			
e Employee's first name and initial Last name Darrell White			Suff.	11 Nonqualified plans 189 13 Statutory Retirement Third-party			12a See instructions for box 12 C d C 4534				
5489 Stephanie Port Suite 901				employee plan sick pay X X X X X X X X X		y	C	889			
Kariport MT 66522-6163					14 Other			12c C E 959			
							12d C o d e S	620			
f Emplo	yee's address and ZIP code Employer's state ID number	16 State wages, tips, etc.	17 State income tax	<u> </u>	18 Local wages, tips, etc.	10.1	ocal income tax		20 Locality name		
MI	574-89-437	113286.82	7713.49		288274.0		631.83		,		
MT	5/4-09-43/ 	113200.02	1113.49		<u> </u>	31	031.63		Cook Ferry		
CT	433-41-685	104529.16	7482.35		199509.15	25	778.59		Lopez Fields		

Wage and Tax
m 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 Empl	This information is being furnished to the Internal Revenue Service. If you are required								
	123-28-2243 OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be implementation to file a tax return, a negligence penalty or other sanction may be implementation.								on you if
b Employer identification number	1 Wages, tips, other compensation			Federal income tax withheld					
77-3254105	228723.31			42167.44					
c Employer's name, address, and ZIP code	3 Social security wages			4 Social security tax withheld					
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81400 Carter Vi	5 Medicare wages and tips 282759.98 7 Social security tips			6 Medicare tax withheld 8200.04 8 Allocated tips					
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	296862.61			282759.98					
d Control number	9 10 Dependent care benefits				enefits				
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e Employee's first name and initial	1. 11 Nonqualified plans 12a See instructions for box 12								
Darrell Wh	Darrell White					C 4534			
	13 Statutory Retirement Third-party employee Plan Sick pay X Other (see enclosed Notice to Employee)				1				
5489 Stephani				R 889					
Kariport MT				2c	ı				
							E 959		
					12	2d	1		
						s	620		
f Employee's address and ZIP code	T. a	1,-0		Link				Taa	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.		al income tax	(20 Locali	•
MI 574-89-437	113286.82	7713.49		288274.0	3163	31.83		Cook	Ferry
CT 433-41-685	104529.16	7482.35		199509.15	2577	78.59		Lopez	Fields

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

