

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">674-06-5373</div>		<b>Safe, Accurate, FAST! Use</b> <small>OMB No. 1545-0008</small>		 Visit the IRS Website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .							
<b>b Employer identification number (EIN)</b> <div style="text-align: center; font-weight: bold;">01-2720604</div>			<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">211148.64</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">63715.05</div>						
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;"> West-Turner PLC  5253 Rogers Center Apt. 716  Port Paul MO 48775-1232 </div>			<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">149168.82</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">11411.41</div>						
			<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">179315.93</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">5200.16</div>						
			<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">149168.82</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">179315.93</div>						
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">81</div>			<b>9</b> <div style="text-align: center; background-color: #cccccc; height: 20px;"></div>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">300</div>						
<b>e Employee's first name and initial</b> <b>Last name</b> <b>Suff.</b> <div style="text-align: center; font-weight: bold; margin-top: 10px;"> Melissa   Ray  1327 James Inlet Apt. 329  West Cynthia NC 64280-5601 </div>			<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">281</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">Y 2169</div>						
			<b>13 Statutory employee</b> <b>Retirement plan</b> <b>Third-party sick pay</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/> </div>								
			<b>14 Other</b> <div style="height: 40px;"></div>		<b>12b</b> <div style="text-align: center; font-weight: bold;">AA 369</div>						
					<b>12c</b> <div style="text-align: center; font-weight: bold;">Z 276</div>						
<b>f Employee's address and ZIP code</b> <div style="text-align: center; font-weight: bold;">A 394</div>			<b>12d</b> <div style="text-align: center; font-weight: bold;">A 394</div>		<div style="text-align: center; font-weight: bold;">A 394</div>						
			<div style="text-align: center; font-weight: bold;">A 394</div>								
<b>15 State</b> <b>Employer's state ID number</b> <div style="text-align: center; font-weight: bold;">TN 766-77-315</div>		<b>16 State wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">115014.6</div>		<b>17 State income tax</b> <div style="text-align: center; font-weight: bold;">9916.1</div>		<b>18 Local wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">165990.63</div>		<b>19 Local income tax</b> <div style="text-align: center; font-weight: bold;">27257.04</div>		<b>20 Locality name</b> <div style="text-align: center; font-weight: bold;">Melissa Fork</div>	
<div style="text-align: center; font-weight: bold;">CO 033-04-532</div>		<div style="text-align: center; font-weight: bold;">105129.72</div>		<div style="text-align: center; font-weight: bold;">11193.8</div>		<div style="text-align: center; font-weight: bold;">256801.36</div>		<div style="text-align: center; font-weight: bold;">33841.79</div>		<div style="text-align: center; font-weight: bold;">Jeffrey Common</div>	

**Wage and Tax Statement**

Form W-2

**Copy B--To Be Filed with Employee's FEDERAL Tax Return**

This information is being furnished to the Internal Revenue Service.

2019

Department of the Treasury--Internal Revenue Service

Cut here. Keep lower portion for your records.

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">674-06-5373</div>		<small>OMB No. 1545-0008</small>		<small>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.</small>							
<b>b Employer identification number</b> <div style="text-align: center; font-weight: bold;">01-2720604</div>			<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">211148.64</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">63715.05</div>						
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<b>d Control number</b> <div style="text-align: center; font-weight: bold;">8171047</div>			<b>9</b> <div style="text-align: center; background-color: #cccccc; height: 20px;"></div>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">300</div>						
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			<b>14 Other (see enclosed Notice to Employee)</b> <div style="height: 40px;"></div>		<b>12b</b> <div style="text-align: center; font-weight: bold;">AA 369</div>						
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**Wage and Tax Statement**

Form W-2

**Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)**

2019

Department of the Treasury--Internal Revenue Service

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FAST! Use**