1	1 Wages, tips, other comp. 149075.6			2 Federal income tax withheld 42261.5				
3	Social security wages			4 Social security tax withheld				
	143776.23					10998.88		
5	Medicare wages and tips 138602.44			6 Medicare tax withheld 4019.47				
d	Control number		Dept.	Corp.		Employer use only		
717	1269		150			A 36		
С	Employer's name			ode				
	Dennis							
	7587 N		_					
	Brando	nton	NE	11731-2801				
				Batch		#02021		
b	Employer's FED		r	a Emplo	yee's SSA			
	05-75653	37				0		
7	Social security ti	-		8 Alloca	ted tips			
	143776.23	3				138602.44		
9	Verification Code			10 Dependent care benefits				
	0					109		
11	Nonqualified pla	ins		12a See ii	nstructions	s for box 12		
				В		4649		
14	Other			12b 12c	<u> </u>	836		
				12d	<u> </u>	<b>255</b> 889		
				13 Stat emp.	Ret. Plan	3rd party sick pay		
				0	0	x		
e/f	Employees name	e, address	and ZIP co	ode				
	Dale	Gri	ffith					
	2580 N	ichola	as Lock	cs				
	New Sa	rahtow.	n V	<b>v</b> V 23	8043-1	690		
15	State Employers' state ID no.			16 State	wages, ti	ps, etc.		
	IL	36-13-38	9			69801.21		
17	State income ta	X		18 Loca	l wages, ti	ps, etc.		
	6958.43					155508.2		
19	Local income ta	ax		20 Loca	lity name			

18170	.03			Cortez Skyway
	Federal Wage	Filing and	Tax	Сору
W-2	ent		2018	
Copy B to be filed	ncome Tax R	eturn	OMB No. 1545-0008	