| a Employee's social  | security number            |                     |            | Sa               | fe, Accurate,      |       |                    | Visit the    | IRS Web    | osite     |
|--|----------------------------|---------------------|------------|------------------|--------------------|-------|--------------------|--------------|------------|-----------|
| 0.93   | 2-35-4161                  | OMB No              | o. 1545-00 | 08 <b>FA</b>     | ST! Use            |       | file)              | at www.i     | rs.gov/ef  | ile.      |
| b Employer identification number (EIN)                                 |                            |                     | 1 V        | Vages, tips, oth | ner compensation   |       | 2 Federa           | l income tax | withheld   |           |
| 31-1632796   |                            |                     | 72917.39   |                  |                    |       | 13169.61           |              |            |           |
| c Employer's name, address, and ZIP code                               |                            |                     | <b>3</b> S | ocial security v | vages              | Ī     | 4 Social s         | security tax | withheld   |           |
| Stanley, Ryan and Car  | rrillo Group               |                     |            | 54506            | . 2                |       | 4169               | .72          |            |           |
| 578 Gamble Neck  |                            |                     | 5 N        | ledicare wages   | •                  |       | 6 Medica           | re tax withh |            |           |
| Month Musicken MA  | 35266-5214                 |                     | 88081.36   |                  |                    |       | 2554.36            |              |            |           |
| North Traviston WA   | 35266-5214                 |                     | <b>7</b> S | ocial security t | ips                |       | 8 Allocate         | ed tips      |            |           |
|  |                            |                     |            | 54506            | . 2                |       |                    | 8808         | 1.36       |           |
| d Control number   |                            |                     | 9          |                  |                    |       | 10 Depend          | dent care be | enefits    |           |
| 97   |                            |                     |            |                  |                    |       |                    | 136          |            |           |
| e Employee's first name and initial Last name                          |                            | Suff.               | 11 N       | lonqualified pla | ans                |       | 12a See in:        | structions   | for box 12 |           |
|  |                            |                     |            | 148              |                    |       | ÃA.                | 3741         |            |           |
| Deborah Howard   |                            |                     | 13 Statut  |                  | rement Third-party |       | <u></u><br>12b     |              |            |           |
|  |                            |                     | emplo      | oyee plan        | 7 — 1              |       | C                  |              |            |           |
| 559 Margaret Isle A  | Apt. 115                   |                     | X          |                  | X                  |       | d H                | 918          |            | ļ         |
| Robbinsport DC 3   | 32454-8558                 |                     | 14 C       | Other            |                    |       | 12c                |              |            |           |
|  |                            |                     |            |                  |                    |       | o<br>d             | 261          |            |           |
|  |                            |                     |            |                  |                    | F     | 12d                |              |            |           |
|  |                            |                     |            |                  |                    |       | С<br>0<br><b>т</b> | 165          |            |           |
|  |                            |                     |            |                  |                    |       | d L                | 165          |            |           |
| 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 way     | nes, tips, etc.    | 19 Lo | cal income tax     | (            | 20 Loca    | lity name |
| · ·  | 36607.29                   | 1799.04             |            | 63719            |                    |       | 98.99              |              |            | Passage   |
| N1 /00-31-761  | 30007.29                   | 1199.04             |            | 03/19            | . <u> </u>         | T T 4 | 90.99              |              | UTTT       | rassage   |
| GA 490-76-459  | 38792.8                    | 1244.78             |            | 56405            | . 86               | 990   | 2.45               |              | Dixon      | Shoals    |

Wage and Tax 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 socia | al security number         |                                   |  | This information is being furni         |                                |                                 |      |                  |  |
|---|--------------------|----------------------------|-----------------------------------|--|---|--------------------------------|---------------------------------|------|------------------|--|
|   | 09                 | 92-35-4161                 | OMB N                             | OMB No. 1545-0008 to file a tax return, a negligence penalty or other sanction may be imposed of this income is taxable and you fail to report it. |   |                                |                                 |      |                  |  |
| <b>b</b> Employer identification number           |                    |                            | 1 Wages, tips, other compensation |  |   | 2 Federal income tax withheld  |                                 |      |                  |  |
| 31-1632796  |                    |                            | 72917.39                          |  |   | 13169.61                       |                                 |      |                  |  |
| c Employer's name, address, and ZIP code          |                    |                            | 3 Social security wages           |  |   | 4 Social security tax withheld |                                 |      |                  |  |
| Stanley, Ryan and Carrillo Group 578 Gamble Neck  |                    |                            |                                   | 54506.2  5 Medicare wages and tips   |   |                                | 4169.72 6 Medicare tax withheld |      |                  |  |
|   |                    |                            |                                   |  |   |                                |                                 |      |                  |  |
|   |                    |                            |                                   | 88081.36   |   |                                | 2554.36                         |      |                  |  |
| North Traviston WA 35266-5214                     |                    |                            | 7 Social security tips            |  |   | 8 Allocated tips               |                                 |      |                  |  |
|   |                    |                            |                                   | 54506.2  |   |                                | 88081.36                        |      |                  |  |
| d Control number                                  |                    |                            |                                   | 9  |   |                                | 10 Dependent care benefits      |      |                  |  |
| 9744634   |                    |                            |                                   |  |   |                                |                                 | 136  |                  |  |
| e Employee's first name and initial Last name Suf |                    |                            | Suff.                             | 11 Nonqualified plans  |   |                                | 12a See instructions for box 12 |      |                  |  |
| Deborah   | Howard             |                            |                                   | 13 Sta   |   | ,                              | <b>AA</b>                       | 3741 |                  |  |
| 559 Marq  | garet Isle         | Apt. 115                   |                                   | )  | ployee plan sick pay                    |                                | н                               | 918  |                  |  |
| Robbinsport DC 32454-8558                         |                    |                            |                                   | 14   | Other (see enclosed Notice to Employee) |                                | 12c                             | 261  |                  |  |
|   |                    |                            |                                   |  |   |                                | 40.1                            |      |                  |  |
|   |                    |                            |                                   |  |   |                                | 12d                             | ĺ    |                  |  |
|   |                    |                            |                                   |  |   |                                | L                               | 165  |                  |  |
| f Employee's address and Z                        |                    |                            |                                   |  |   |                                |                                 |      |                  |  |
| 5 State Employer's state                          |                    | 16 State wages, tips, etc. | 17 State income tax               |  | 18 Local wages, tips, etc.              |                                | _ocal income tax                | (    | 20 Locality name |  |
| NY 786  | -31-781            | 36607.29                   | 1799.04                           |  | 63719.15                                | 11                             | 498.99                          |      | Hill Passage     |  |
| GA 490  | -76-459            | 38792.8                    | 1244.78                           |  | 56405.86                                | 99                             | 02.45                           |      | Dixon Shoals     |  |

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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