


		a Employee's social security number <b>734-75-6260</b>		Safe, Accurate, FAST! Use 		Visit the IRS Website at www.irs.gov/efile.	
b Employer identification number (EIN) <b>50-4588482</b>				1 Wages, tips, other compensation <b>81793.03</b>		2 Federal income tax withheld <b>24504.27</b>	
c Employer's name, address, and ZIP code <b>Camacho-Ochoa Group</b> <b>436 Jenkins Stream</b> <b>West Masonfurt FL 80679-9399</b>				3 Social security wages <b>61546.64</b>		4 Social security tax withheld <b>4708.32</b>	
				5 Medicare wages and tips <b>98860.89</b>		6 Medicare tax withheld <b>2866.97</b>	
				7 Social security tips <b>61546.64</b>		8 Allocated tips <b>98860.89</b>	
d Control number <b>95</b>				9		10 Dependent care benefits <b>292</b>	
e Employee's first name and initial Last name Suff. <b>Michelle Hays</b> <b>40031 Christopher Road Suite 008</b> <b>Stewarthaven MS 67904-4366</b>				11 Nonqualified plans <b>153</b>		12a See instructions for box 12 C D D D <b>DD 9938</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C D D E <b>E 485</b>	
				14 Other		12c C D D Z <b>Z 695</b>	
						12d C D D L <b>L 615</b>	
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 wages, tips, etc.	19 Local income tax	20 Locality name	
<b>SD</b>	<b>542-39-042</b>	<b>42413.97</b>	<b>1489.11</b>	<b>91284.67</b>	<b>8262.34</b>	<b>James Land</b>	
<b>HI</b>	<b>579-36-861</b>	<b>44318.59</b>	<b>1635.73</b>	<b>95481.12</b>	<b>11813.2</b>	<b>Davidson Inlet</b>	

**Wage and Tax  
Statement**

**2019**

Department of the Treasury--Internal Revenue Service

Form W-2

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

This information is being furnished to the Internal Revenue Service.

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Cut here. Keep lower portion for your records.

		a Employee's social security number <b>734-75-6260</b>		OMB No. 1545-0008 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.			
b Employer identification number <b>50-4588482</b>				1 Wages, tips, other compensation <b>81793.03</b>		2 Federal income tax withheld <b>24504.27</b>	
c Employer's name, address, and ZIP code <b>Camacho-Ochoa Group</b> <b>436 Jenkins Stream</b> <b>West Masonfurt FL 80679-9399</b>				3 Social security wages <b>61546.64</b>		4 Social security tax withheld <b>4708.32</b>	
				5 Medicare wages and tips <b>98860.89</b>		6 Medicare tax withheld <b>2866.97</b>	
				7 Social security tips <b>61546.64</b>		8 Allocated tips <b>98860.89</b>	
d Control number <b>9947617</b>				9		10 Dependent care benefits <b>292</b>	
e Employee's first name and initial Last name Suff. <b>Michelle Hays</b> <b>40031 Christopher Road Suite 008</b> <b>Stewarthaven MS 67904-4366</b>				11 Nonqualified plans <b>153</b>		12a See instructions for box 12 D D D D <b>DD 9938</b>	
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b E <b>E 485</b>	
				14 Other (see enclosed Notice to Employee)		12c Z <b>Z 695</b>	
						12d L <b>L 615</b>	
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 wages, tips, etc.	19 Local income tax	20 Locality name	
<b>SD</b>	<b>542-39-042</b>	<b>42413.97</b>	<b>1489.11</b>	<b>91284.67</b>	<b>8262.34</b>	<b>James Land</b>	
<b>HI</b>	<b>579-36-861</b>	<b>44318.59</b>	<b>1635.73</b>	<b>95481.12</b>	<b>11813.2</b>	<b>Davidson Inlet</b>	

**Wage and Tax  
Statement**

**2019**

Department of the Treasury--Internal Revenue Service

Form W-2

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

Safe, accurate,  
FAST! Use

