

a Employee's social security number <div style="text-align: center; font-weight: bold;">382-60-1185</div>		Safe, Accurate, FAST! Use		 Visit the IRS Website at www.irs.gov/efile .							
b Employer identification number (EIN) <div style="text-align: center; font-weight: bold;">30-7003064</div>			1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">217891.52</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">56171.54</div>						
c Employer's name, address, and ZIP code <div style="text-align: center; font-weight: bold;"> Dickerson LLC Inc 412 Moore Camp New David KS 48544-8839 </div>			3 Social security wages <div style="text-align: center; font-weight: bold;">266738.73</div>		4 Social security tax withheld <div style="text-align: center; font-weight: bold;">20405.51</div>						
			5 Medicare wages and tips <div style="text-align: center; font-weight: bold;">279977.14</div>		6 Medicare tax withheld <div style="text-align: center; font-weight: bold;">8119.34</div>						
			7 Social security tips <div style="text-align: center; font-weight: bold;">266738.73</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">279977.14</div>						
d Control number <div style="text-align: center; font-weight: bold;">10</div>			9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">236</div>						
e Employee's first name and initial Last name <div style="text-align: center; font-weight: bold;"> James Gutierrez 041 Jeffrey Cliff Apt. 022 West Donaldside MD 93078-3636 </div>			11 Nonqualified plans <div style="text-align: center; font-weight: bold;">224</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">J 9721</div>						
			13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>								
			14 Other		12b <div style="text-align: center; font-weight: bold;">P 102</div>						
					12c <div style="text-align: center; font-weight: bold;">S 956</div>						
f Employee's address and ZIP code			12d <div style="text-align: center; font-weight: bold;">A 843</div>								
15 State <div style="text-align: center; font-weight: bold;">ID 100-84-832</div>		16 State wages, tips, etc. <div style="text-align: center; font-weight: bold;">117596.38</div>		17 State income tax <div style="text-align: center; font-weight: bold;">8236.44</div>		18 Local wages, tips, etc. <div style="text-align: center; font-weight: bold;">176889.76</div>		19 Local income tax <div style="text-align: center; font-weight: bold;">25877.94</div>		20 Locality name <div style="text-align: center; font-weight: bold;">Ryan Camp</div>	
<div style="text-align: center; font-weight: bold;">ID 834-48-834</div>		<div style="text-align: center; font-weight: bold;">101032.42</div>		<div style="text-align: center; font-weight: bold;">9769.55</div>		<div style="text-align: center; font-weight: bold;">280487.8</div>		<div style="text-align: center; font-weight: bold;">25378.75</div>		<div style="text-align: center; font-weight: bold;">Barnes Ridges</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.

a Employee's social security number <div style="text-align: center; font-weight: bold;">382-60-1185</div>		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 <div style="text-align: center; font-weight: bold;">30-7003064</div>			1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">217891.52</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">56171.54</div>						
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			7 Social security tips <div style="text-align: center; font-weight: bold;">266738.73</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">279977.14</div>						
d Control number <div style="text-align: center; font-weight: bold;">1048688</div>			9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">236</div>						
e Employee's first name and initial Last name <div style="text-align: center; font-weight: bold;"> James Gutierrez 041 Jeffrey Cliff Apt. 022 West Donaldside MD 93078-3636 </div>			11 Nonqualified plans <div style="text-align: center; font-weight: bold;">224</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">J 9721</div>						
			13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </div>								
			14 Other (see enclosed Notice to Employee)		12b <div style="text-align: center; font-weight: bold;">P 102</div>						
					12c <div style="text-align: center; font-weight: bold;">S 956</div>						
f Employee's address and ZIP code			12d <div style="text-align: center; font-weight: bold;">A 843</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

**Safe, accurate,
FAST! Use**