a Employee's social security number 341-53-7780	OMB No	o. 1545-000	Safe, Accurate, 8 FAST! Use	e ≁file	Visit the IRS Website at www.irs.gov/efile.			
b Employer identification number (EIN)	•	1 W	ages, tips, other compensation	2 Fede	ral income tax withheld			
32-7318353			216742.78	564	56404.03			
c Employer's name, address, and ZIP code		3 Sc	cial security wages	4 Socia	al security tax withheld			
Dickerson, Harrison and Davis and Sons			226392.56	173	17319.03			
408 Peter Wall			edicare wages and tips	6 Medi	6 Medicare tax withheld			
New Amy PA 51480-8363			246206.18		7139.98			
			cial security tips	8 Alloc	8 Allocated tips			
			226392.56		246206.18			
d Control number		9		10 Depe	endent care benefits			
39					199			
e Employee's first name and initial Last name	Suff.	11 No	onqualified plans	12a See	instructions for box 12			
Denise Ortega 07121 Chelsea Points Lake Dana AR 83707-8780			176	g D	^a D 9363			
			ry Retirement Third-party	12b				
			yee plan sick pay	c d e FF	985			
			her	12c				
			å R	538				
				12d	i			
				d K	318			
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 t	ax 20 Locality nam	200		
NV 253-68-438 101639.75	5257.4		170971.59	30866.65				
NV 233-00-436 101039.75	343/.4		1/09/1.59	30866.63	Sarah We	STT		
MS 731-82-621 97707.6	5013.47		171263.91	21806.25	Susan Da	ale		

Wage and Tax
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 soc	ial security number		This information is being furnished to the Internal Revenue Service. If you are required						
	3	41-53-7780	OMB N	OMB No. 1545-0008 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 n	b Employer identification number			Wages, tips, other compensation			Federal income tax withheld			
32-7318353			216742.78			56404.03				
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Dickerson, Harrison and Davis and Sons			226392.56			17319.03				
408 Peter Wall New Amy PA 51480-8363			5 Medicare wages and tips 246206.18			6 Medicare tax withheld 7139.98				
										7 Social security tips
								226392.56		
d Control number				9			10 Depen	dent care be	enefits	
3985654								199		
e Employee's first name ar	d initial Last nan	ne	Suff.	11	Nonqualified plans		12a See in	structions	for box 12	
Denise Ortega			176 13 Statutory Retirement Third-party employee plan sick pay			D 9363				
						12b	ĺ			
07121 Chelsea Points				X		FF	985			
Lake Dana AR 83707-8780			14 Other (see enclosed Notice to Employee)			12c	1			
							R	538		
						-	12d			
							72	210		
						ŀ	K	318		
f Employee's address and 15 State Employer's sta		16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 L	ocal income tax	(20 Locality	name
NV 25.	3-68-438	101639.75	5257.4		170971.59	30	866.65		Sarah	
	, 00 400	101039.73	3237.3		1.0911.09	150	550.55		Jaran	46TT
MS 733	L-82-621	97707.6	5013.47		171263.91	21	806.25		Susan	Dale

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

Safe, accurate, FAST! Use

