a Employee's socia	a Employee's social security number			Safe, Accurate,				Visit the IRS Website			
	2-11-2115	OMB No	o. 1545-00	•	413	evi	ile)	at www.ii	rs.gov/efile).	
b Employer identification number (EIN)		-	1 V	/ages, tips, other comp	ensation	2	Federa	I income tax	withheld		
90-3930052				219135.59				72086.53			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld				
Farmer Inc Group			178294.55				13639.53				
6195 Brown Fork			5 Medicare wages and tips				6 Medicare tax withheld				
				255560.94				7411.27			
Dominguezfurt MD 03266-8561			7 Social security tips				8 Allocated tips				
				178294.55					60.94		
d Control number			9			10	Depen	dent care be	enefits		
23								183			
e Employee's first name and initial Last name		Suff.	11 N	onqualified plans		12 :	a See in	structions 1	or box 12		
Gabrielle Buchanan			185			o d e	^o _e N 3321				
Gabrielle Buchanan			13 Statutory Retirement Third-party employee plan sick pay				12b				
838 Allison Fields North Lindastad IL 86792-7932			employee plan sick pay			o d e		456			
			14 C	ther		12 0	;				
						0 0	G	918			
						12	i	l .			
						C o d e	Y	579			
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,			income tax	(20 Locality	/ name	
MT 038-94-826	115217.4	12226.31		252707.16		2231	9.87		Huber	Trace	
NV 143-68-585	113075.42	8368.18		193100.58		4211	2.48		Valerie	ville	

Wage and Tax
Statement

5074

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 social securi	This information is being furnished to the Internal Revenue Service. If you are required									
662-1	.1-2115	OMB N	DMB 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 number				1 Wages, tips, other compensation			2 Federal income tax withheld			
90-3930052				219135.59			72086.53			
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld			
Farmer Inc Group				178294.55			13639.53			
6195 Brown Fork Dominguezfurt MD 03266-8561				5 Medicare wages and tips 255560.94			6 Medicare tax withheld 7411.27			
								178294.55		
d Control number			9		1	10 Dep	endent care b	enefits		
2394251							183			
e Employee's first name and initial Last name		Suff.	11	Nonqualified plans		12a See	instructions	for box 12		
Gabrielle Buchanan			185			N 3321				
			13 State emp	tory Retirement Third-party oyee plan sick pay	'	12b	1			
838 Allison Fields							456			
North Lindastad IL 86792-7932				14 Other (see enclosed Notice to Employee)			12c			
						G	918			
					_	12d				
						Y	579			
f Employee's address and ZIP code										
15 State Employer's state ID number 16 St	ate wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19 Lo	cal income	tax	20 Locality name		
MT 038-94-826 115	5217.4	12226.31		252707.16	223	19.8	7	Huber Trace		
NV 143-68-585 113	3075.42	8368.18		193100.58	421	.12.48	3	Valerie Ville		

Wage and Tax

2019

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