a Employee's social	security number 1-75-6147	OMB N	o. 1545-00	,	Accurate, Use	e of	ile)		IRS Website rs.gov/efile.		
b Employer identification number (EIN) 57-4701346				1 Wages, tips, other compensation 243799.51			Federal income tax withheld 87481.43				
c Employer's name, address, and ZIP code Boyd-Taylor Group				3 Social security wages 237691.75 5 Medicare wages and tips				4 Social security tax withheld 18183.42 6 Medicare tax withheld			
906 Gilbert Circle Suite 217 Port Jonathanshire OH 86428-7756				186242.18 7 Social security tips 237691.75			5401.02 8 Allocated tips 186242.18				
d Control number			9		, 3	10		dent care be	enefits		
e Employee's first name and initial Last name Suff. Robert Jones				11 Nonqualified plans 125 13 Statutory Retirement Third-party employee plan sick pay			12a See instructions for box 12 C				
603 Patricia Viaduct Suite 225				х	sick pay	o d e	Z	222			
West Jenniferhaven SD 71896-6			14 Other			12c C o d e	N	663			
						12d C o d e		977			
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		10 000 110 000	tino oto	10 Localii	naama tay	,	20 Locality name		
				18 Local wages, tips, etc.		19 Local income tax 45132.39					
MT 263-73-176	123663.18	5156.96		247524.8	ರ 	45132	2.39		Hubbard Bridge		
PA 629-76-553	132467.36	4782.56		204165.0	06	4273	6.34		Wood Centers		

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 social security number					This information is being furnished to the Internal Revenue Service. If you are required						
		74	1-75-6147	ON	OMB No. 1545-0008 to file a tax return, a negligence pena				nalty or other sanction may be imposed on you if		
b Employer identification number				1 V				2 Federal income tax withheld			
57-4701346					243799.51			87481.43			
c Employer's name, address, and ZIP code				3 8	3 Social security wages			4 Social security tax withheld			
Boyd-Taylor Group					237691.75			18183.42			
906 Gilbert Circle Suite 217 Port Jonathanshire OH 86428-7756				5 N	5 Medicare wages and tips			6 Medicare tax withheld			
					186242.18			5401.02			
				7 8	7 Social security tips			8 Allocated tips			
					237691.75			186242.18			
d Control number			9		10	Depen	dent care be	enefits			
8000224							251				
e Employee's first name and initial Last name Suff.			Suff. 11 N	11 Nonqualified plans			12a See instructions for box 12				
Robert Jones				125			P 2331				
603 Patricia Viaduct Suite 225 West Jenniferhaven SD 71896-6					13 Statutory Retirement Third-party sick pay X X X 14 Other (see enclosed Notice to Employee)			1			
								222			
				14 (12c			
				663							
				12d							
									977		
f Employee's address and ZIP code								911			
15 State	Employer's state ID nu		16 State wages, tips, etc.	17 State income	e tax	18 Local wages, tips, etc.	19 Local	income ta	x	20 Locality name	
MT	263-73	3-176	123663.18	5156.96	;	247524.8	4513	2.39		Hubbard Bridge	
							1				
PA	629-76	5-553	132467.36	4782.56	i	204165.06	4273	6.34		Wood Centers	

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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