

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">331-13-8982</div>		OMB No. 1545-0008		<b>Safe, Accurate, FAST! Use</b>		Visit the IRS Website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
<b>b Employer identification number (EIN)</b> <div style="text-align: center; font-weight: bold;">27-0420737</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">127623.85</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">22640.08</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">             Harrison-King LLC              2373 Deborah Pike Apt. 595              New Michael OH 22910-7576           </div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">135362.73</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">10355.25</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">145871.42</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">4230.27</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">135362.73</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">145871.42</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">57</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">125</div>	
<b>e Employee's first name and initial Last name Suff.</b> <div style="text-align: center; font-weight: bold; margin-top: 10px;">             Frederick Baker               56963 Johnson Rue              Lake Teresa KS 45038-7308           </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">129</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">P 7838</div>	
				<b>13 Statutory employee Retirement plan Third-party sick pay</b> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		<b>12b</b> <div style="text-align: center; font-weight: bold;">K 852</div>	
				<b>14 Other</b>		<b>12c</b> <div style="text-align: center; font-weight: bold;">E 820</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">P 861</div>	
<b>f Employee's address and ZIP code</b>							
<b>15 State</b> <div style="text-align: center; font-weight: bold;">IL</div>		<b>Employer's state ID number</b> <div style="text-align: center; font-weight: bold;">824-48-547</div>		<b>16 State wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">59209.74</div>		<b>17 State income tax</b> <div style="text-align: center; font-weight: bold;">3167.63</div>	
<div style="text-align: center; font-weight: bold;">MD</div>		<div style="text-align: center; font-weight: bold;">533-76-796</div>		<div style="text-align: center; font-weight: bold;">69195.71</div>		<div style="text-align: center; font-weight: bold;">3777.7</div>	
						<div style="text-align: center; font-weight: bold;">123429.8</div>	
						<div style="text-align: center; font-weight: bold;">23188.41</div>	
						<div style="text-align: center; font-weight: bold;">22872.46</div>	
						<div style="text-align: center; font-weight: bold;">Smith Trail</div>	

**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.

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">331-13-8982</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>b Employer identification number</b> <div style="text-align: center; font-weight: bold;">27-0420737</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">127623.85</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">22640.08</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">             Harrison-King LLC              2373 Deborah Pike Apt. 595              New Michael OH 22910-7576           </div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">135362.73</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">10355.25</div>	
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				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">135362.73</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">145871.42</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">5730545</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">125</div>	
<b>e Employee's first name and initial Last name Suff.</b> <div style="text-align: center; font-weight: bold; margin-top: 10px;">             Frederick Baker               56963 Johnson Rue              Lake Teresa KS 45038-7308           </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">129</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">P 7838</div>	
				<b>13 Statutory employee Retirement plan Third-party sick pay</b> <div style="text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		<b>12b</b> <div style="text-align: center; font-weight: bold;">K 852</div>	
				<b>14 Other (see enclosed Notice to Employee)</b>		<b>12c</b> <div style="text-align: center; font-weight: bold;">E 820</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">P 861</div>	
<b>f Employee's address and ZIP code</b>							
<b>15 State</b> <div style="text-align: center; font-weight: bold;">IL</div>		<b>Employer's state ID number</b> <div style="text-align: center; font-weight: bold;">824-48-547</div>		<b>16 State wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">59209.74</div>		<b>17 State income tax</b> <div style="text-align: center; font-weight: bold;">3167.63</div>	
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**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

