| a Employee's socia | al security number L1-89-7688 | OMB N | o. 1545-00 | Safe, Accu | 413 | e v fi | | the IRS Website ww.irs.gov/efile. | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|----------------------------------------|-------------------------|-------------|-----------------|---------------------------------|--------------------------------------|--|--|
| b Employer identification number (EIN) | | | 1 Wages, tips, other compensation | | | | Federal income tax withheld | | | |
| 04-4091485 | | | 128754.19 | | | | 40015.89 | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 | 4 Social security tax withheld | | | |
| Scott LLC and Sons | | | 109518.2 | | | 8 | 8378.14 | | | |
| 553 Warren Course Suite 807 Lewisland WI 24625-0241 | | | 5 Medicare wages and tips 140371.75 | | | | 6 Medicare tax withheld 4070.78 | | | |
| | | | | | | | | | | |
| | | | 109518.2 | | | | 140371.75 | | | |
| d Control number | | | 9 | | | 10 | 10 Dependent care benefits | | | |
| 45 | | | | | | | 174 | | | |
| e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans | | | 12a C | 12a See instructions for box 12 | | | |
| The same of the sa | | | 284 | | | o d e | g W 5108 | | | |
| Troy Casey | | | 13 Statu emple | • | Third-party | 12b C | i | | | |
| 959 Tammie Ranch | | | emple | X | x sick pay | o d e | z 16 | 8 | | |
| Wolfebury MA 40518-2650 | | | 14 (| Other | | 12c | | | | |
| | | | | | | o d e | | | | |
| | | | | | | 12d C | | | | |
| | | | | | | o d e | 71 | 7 | | |
| 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, e | tc. | 19 Local inc | | 20 Locality name | | |
| SD 446-28-936 | 69934.53 | 5054.94 | | 137328.0 | | 21499 | .56 | Ann Plaza | | |
| AZ 016-14-513 | 60775.2 | 4103.13 | | 143954.73 | | 17440 | .77 | Brandon Spring | | |

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 311-89-7688 | OMB No | 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 | | | Wages, tips, other compensation | | | 2 Federal income tax withheld | | | | |
| 04-4091485 | | | | 128754.19 | | | 40015.89 | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | | |
| Scott LLC and Sons | | | 109518.2 | | | 8378.14 | | | | |
| 553 Warren Course Suite 807 Lewisland WI 24625-0241 | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | | |
| | | | 140371.75 7 Social security tips | | | 4070.78 8 Allocated tips | | | | |
| | | | | | | | | | | |
| d Control number | | | 9 | | | 10 Depend | lent care be | nefits | | |
| 4968400 | | | | | | | 174 | | | |
| e Employee's first name and initial Last | name | Suff. | 11 | Nonqualified plans | | 12a See ins | tructions f | or box 12 | | |
| Troy Casey | | | 284 | | | W 5108 | | | | |
| | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | I | | | |
| 959 Tammie Ranch | | | | x | | Z | 168 | | | |
| Wolfebury MA 40518-2650 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | | |
| | | | | | | EE 689 | | | | |
| | | | | | | 12d | | | | |
| | | | | | | | 717 | | | |
| f Employee's address and ZIP code | | | | | | | L | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 L | ocal income tax | | 20 Loca | lity name | |
| SD 446-28-936 | 69934.53 | 5054.94 | | 137328.0 | 21 | 499.56 | | Ann | Plaza | |
| AZ 016-14-513 | 60775.2 | 4103.13 | | 143954.73 | 17 | 440.77 | | Brando | n Spring | |

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

