

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">425-12-3801</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;">60-0826907</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">166027.35</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">22010.38</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">           Wilson, Davis and Turner PLC            915 Anthony Squares            West Joel MD 32503-3255         </div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">118617.1</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">9074.21</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">209739.91</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">6082.46</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">118617.1</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">209739.91</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">61</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">164</div>	
<b>e Employee's first name and initial Last name Suff.</b> <div style="text-align: center; font-weight: bold;">           Dr. Kimberly            271 Austin Course            Port Catherineborough IA 89037-82         </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">158</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">AA 5594</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;">C 139</div>	
				<b>14 Other</b>		<b>12c</b> <div style="text-align: center; font-weight: bold;">F 362</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">T 647</div>	
<b>f Employee's address and ZIP code</b>				<b>15 State Employer's state ID number</b> <div style="text-align: center; font-weight: bold;">IN 803-51-120</div>		<b>16 State wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">85165.2</div>	
<b>17 State income tax</b> <div style="text-align: center; font-weight: bold;">6138.34</div>				<b>18 Local wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">191575.57</div>		<b>19 Local income tax</b> <div style="text-align: center; font-weight: bold;">16715.68</div>	
<b>20 Locality name</b> <div style="text-align: center; font-weight: bold;">Kemp Pike</div>				<b>21</b>		<b>22</b>	

**Wage and Tax  
Statement**

Form W-2

Copy B--To Be Filed with Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

2019

Department of the Treasury--Internal Revenue Service

-----  
Cut here. Keep lower portion for your records.

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">425-12-3801</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;">60-0826907</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">166027.35</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">22010.38</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">           Wilson, Davis and Turner PLC            915 Anthony Squares            West Joel MD 32503-3255         </div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">118617.1</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">9074.21</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">209739.91</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">6082.46</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">118617.1</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">209739.91</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">6396402</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">164</div>	
<b>e Employee's first name and initial Last name Suff.</b> <div style="text-align: center; font-weight: bold;">           Dr. Kimberly            271 Austin Course            Port Catherineborough IA 89037-82         </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">158</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">AA 5594</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;">C 139</div>	
				<b>14 Other (see enclosed Notice to Employee)</b>		<b>12c</b> <div style="text-align: center; font-weight: bold;">F 362</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">T 647</div>	
<b>f Employee's address and ZIP code</b>				<b>15 State Employer's state ID number</b> <div style="text-align: center; font-weight: bold;">IN 803-51-120</div>		<b>16 State wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">85165.2</div>	
<b>17 State income tax</b> <div style="text-align: center; font-weight: bold;">6138.34</div>				<b>18 Local wages, tips, etc.</b> <div style="text-align: center; font-weight: bold;">191575.57</div>		<b>19 Local income tax</b> <div style="text-align: center; font-weight: bold;">16715.68</div>	
<b>20 Locality name</b> <div style="text-align: center; font-weight: bold;">Kemp Pike</div>				<b>21</b>		<b>22</b>	

**Wage and Tax  
Statement**

Form W-2

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)

2019

Department of the Treasury--Internal Revenue Service

Safe, accurate,  
FAST! Use

