


|   |                            |   |                     |  |                     |   |  |
|---|----------------------------|---|---------------------|--|---------------------|---|--|
|   |                            | a Employee's social security number<br><b>745-69-0047</b> |                     | Safe, Accurate,<br>FAST! Use                          |                     | Visit the IRS Website<br>at www.irs.gov/efile.                            |  |
| b Employer identification number (EIN)<br><b>74-5109111</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>231726.88</b>  |                     | 2 Federal income tax withheld<br><b>72747.8</b>                           |  |
| c Employer's name, address, and ZIP code<br><b>Buckley-Rubio and Sons<br/>183 Shaffer Mountain Apt. 675<br/>Aliciaborough KY 84755-7096</b> |                            |   |                     | 3 Social security wages<br><b>274868.2</b>   |                     | 4 Social security tax withheld<br><b>21027.42</b>                         |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>248212.71</b>  |                     | 6 Medicare tax withheld<br><b>7198.17</b>                                 |  |
|   |                            |   |                     | 7 Social security tips<br><b>274868.2</b>  |                     | 8 Allocated tips<br><b>248212.71</b>                                      |  |
| d Control number<br><b>31</b>   |                            |   |                     | 9  |                     | 10 Dependent care benefits<br><b>292</b>                                  |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Jeffrey Oneal<br/>656 Roberts Isle<br/>East Dawn NY 64023-2864</b>            |                            |   |                     | 11 Nonqualified plans<br><b>240</b>  |                     | 12a See instructions for box 12<br>C<br>o<br>d<br>e <b>FF</b> <b>9375</b> |  |
|   |                            |   |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 12b<br>C<br>o<br>d<br>e <b>557</b>  |  |
|   |                            |   |                     | 14 Other   |                     | 12c<br>C<br>o<br>d<br>e <b>L</b> <b>967</b>                               |  |
|   |                            |   |                     |  |                     | 12d<br>C<br>o<br>d<br>e <b>Y</b> <b>847</b>                               |  |
| 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, etc.   | 19 Local income tax | 20 Locality name  |  |
| <b>VT</b>   | <b>668-26-964</b>          | <b>125986.47</b>  | <b>12404.01</b>     | <b>258564.05</b>   | <b>39986.13</b>     | <b>Brittany Flat</b>  |  |
| <b>WA</b>   | <b>793-78-325</b>          | <b>106281.78</b>  | <b>8480.79</b>      | <b>253358.92</b>   | <b>35646.87</b>     | <b>Carroll Gardens</b>  |  |

**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.

|   |                            |   |                     |  |                     |   |  |
|---|----------------------------|---|---------------------|--|---------------------|---|--|
|   |                            | a Employee's social security number<br><b>745-69-0047</b> |                     | 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 Employer identification number<br><b>74-5109111</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>231726.88</b>  |                     | 2 Federal income tax withheld<br><b>72747.8</b>                           |  |
| c Employer's name, address, and ZIP code<br><b>Buckley-Rubio and Sons<br/>183 Shaffer Mountain Apt. 675<br/>Aliciaborough KY 84755-7096</b> |                            |   |                     | 3 Social security wages<br><b>274868.2</b>   |                     | 4 Social security tax withheld<br><b>21027.42</b>                         |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>248212.71</b>  |                     | 6 Medicare tax withheld<br><b>7198.17</b>                                 |  |
|   |                            |   |                     | 7 Social security tips<br><b>274868.2</b>  |                     | 8 Allocated tips<br><b>248212.71</b>                                      |  |
| d Control number<br><b>3104596</b>  |                            |   |                     | 9  |                     | 10 Dependent care benefits<br><b>292</b>                                  |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Jeffrey Oneal<br/>656 Roberts Isle<br/>East Dawn NY 64023-2864</b>            |                            |   |                     | 11 Nonqualified plans<br><b>240</b>  |                     | 12a See instructions for box 12<br>C<br>o<br>d<br>e <b>FF</b> <b>9375</b> |  |
|   |                            |   |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                     | 12b<br>C<br>o<br>d<br>e <b>557</b>  |  |
|   |                            |   |                     | 14 Other (see enclosed Notice to Employee)   |                     | 12c<br>C<br>o<br>d<br>e <b>L</b> <b>967</b>                               |  |
|   |                            |   |                     |  |                     | 12d<br>C<br>o<br>d<br>e <b>Y</b> <b>847</b>                               |  |
| 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, etc.   | 19 Local income tax | 20 Locality name  |  |
| <b>VT</b>   | <b>668-26-964</b>          | <b>125986.47</b>  | <b>12404.01</b>     | <b>258564.05</b>   | <b>39986.13</b>     | <b>Brittany Flat</b>  |  |
| <b>WA</b>   | <b>793-78-325</b>          | <b>106281.78</b>  | <b>8480.79</b>      | <b>253358.92</b>   | <b>35646.87</b>     | <b>Carroll Gardens</b>  |  |

**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

