1	Wages, tips, other comp.			2 Federal income tax withheld				
	221184.0	2				23655.6		
3	Social security wages 203073.78			4 Social security tax withheld 15535.14				
5	Medicare wages and tips 223214.55			6 Medicare tax withheld				
				6473.22				
d 198	Control number 34431		Dept. 150	Corp.		Employer use only A 36	/	
С	Employer's nam	e, address	and ZIP c	ode				
	Grant	Inc Lt	:d					
	35705	Faulkr	er Fre	eeway <i>P</i>	pt. 7	03		
	North	Patrio	ktown	CT (3166-	6313		
				Batch		#02021		
b	Employer's FED 33-39019		•	a Emplo	yee's SSA	number 0		
7	Social security t 203073.7	-		8 Alloca	ted tips	223214.55		
9	Verification Code 0		10 Dependent care benefits 239					
11	Nonqualified plans			12a See instructions for box 12				
4.4	Other			R		7597		
14	Other			12b 12c	<u> </u>	227		
				12d	<u>'</u>	183		
				13 Stat emp.	Ret. Plan	3rd party sick pay		
- 10			710	0	0	0		
e/f	Employees nam	e, address	and ZIP co	ode				
	Cory C	cross						
	25349 Spencer Fords Suite 579							
	Smiths	side	NJ	08654	-5602			
15	State Employers' state ID no			.16 State	wages, ti	os. etc.		
	MD	69-22-01			J = 2, 4.	120218.63		
17	7 State income tax 13175.88		18 Local wages, tips, etc. 170808.94					
19	Local income to	ax		20 Loca	lity name			

31758.03				Stevenson Wall	
Fed	deral Wage Stateme	Filing and	Tax	Сору	
W-2 Copy B to be filed with emp		eturn	2018 OMB No. 1545-0008		