1	Wages, tips, oth	er comp.		2 Federa	al income	tax withheld	
	85213.7		24479.65				
3	Social security wages 94838.86			4 Social	security t	ax withheld 7255.17	
				/255.17			
5	5 Medicare wages and tips 90092.2			6 Medicare tax withheld 2612.67			
d	Control number		Dept.	Corp.		Employer use only	
1	50451		150	A 36			
С	Employer's name			ode			
	Gamble		_				
	555 Vi	lla Mo	ountair	ns			
	Port V	icki 1	'N 3	34406-2	614		
				Batch		#02021	
b	Employer's EED	ID number	•	la Emplo	yee's SSA	numbor	
b		mployer's FED ID number 98-1960930			yees soa	0	
7	Social security t			8 Allocated tips			
	94838.86				90092.2		
9	Verification Cod	/erification Code		10 Dependent care benefits			
	0		114				
11	Nonguelified plans		12a See instructions for box 12				
l''	Nonqualified plans			12a See Instructions for box 12			
				v	1122		
14	Other			12b		208	
				12c 12d	<u> </u>	510	
				13 Stat emp.	Ret Plan	3rd party sick pay	
				0	0	0	
e/f	Employees name	e, address	and ZIP co	de		,	
	Wassin Gima						
	Kevin	Sin					
	9734 Spencer Square						
	Moored	hester	OR	80961	-5896		
15	State	te Employers' state ID no.			wages #	ns oto	
15 State Employ 99-02						ps, etc. 41361.0	
			- 				
17	State income tax			18 Local wages, tips, etc.			
	2696.88			60645.58			
19	Local income to	ax		20 Loca	lity name		
. ~	,			1	,		

9429.29				Smith Run	
	Federal	Filing	Tav	Сору	
	Wage	and	Tax		
W-2	ent		2018		
Copy B to be filed w	th employee's Federal Ir	OMB No. 1545-0008			