| 1 | Wages, tips, other comp. 187580.73 | | | 2 Federal income tax withheld 27677.13 | | | |
|---------------------------|---------------------------------------|------------|--------------|--|----------------|------------------------|--|
| | | | | | | | |
| 3 | Social security wages 137682.93 | | | 4 Social security tax withheld | | | |
| | | | | 10532.74 | | | |
| 5 | Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| | 141490.5 | 8 | | 4103.23 | | | |
| d 613 | Control number 6540 | | Dept. 150 | Corp. | | Employer use only A 36 | |
| С | Employer's name | e, address | and ZIP c | ode | | | |
| | Barnet | t, Swe | eney a | and Ngu | ıyen G | roup | |
| | 70206 | Brewer | Creek | c Suite | 248 | | |
| | Millerland ND 95979-5226 | | | | | | |
| | | | | Batch | | #02021 | |
| b | Employer's FED ID number | | | a Employee's SSA number | | | |
| | 77-57335 | 72 | | | | 0 | |
| 7 | Social security tips | | | 8 Allocated tips | | | |
| | 137682.9 | 3 | | | | 141490.58 | |
| 9 | Verification Code 0 | | | 10 Dependent care benefits 173 | | | |
| 11 | Nonqualified plans | | | 12a See instructions for box 12 | | | |
| | 202 | | | FF | ı | 9214 | |
| 14 | Other | | | 12b | | 331 | |
| | | | | 12c | l | 878 | |
| | | | | 12d | | 869 | |
| | | | | 13 Stat emp. | Ret. Plan 0 | 3rd party sick pay 0 | |
| e/f | Employees name | e, address | and ZIP co | | 0 | 1 0 | |
| | David | Es | strada | | | | |
| 880 Davis Hollow Apt. 404 | | | | | | | |
| | Tracyl | | | 3018-14 | | | |
| 15 | State Employers' state ID no | | | 16 State | wages, ti | ns. etc. | |
| . | VA | 56-12-13 | | . 10 State | mayos, II | 96682.87 | |
| 17 | State income tax 7650.11 | | | 18 Local wages, tips, etc. | | | |
| | | | | 189433.38 | | | |
| 19 | Local income ta | ax | | 20 Loca | lity name | | |

| 29152.64 | | | Brittany Knoll |
|--|-------------------|-----|----------------|
| Federal Wage | Filing and | Tax | Сору |
| W-2 Statemen | ent | | 2018 |
| Copy B to be filed with employee's Federal In- | OMB No. 1545-0008 | | |