a Employee's soci	al security number	OMB N	o. 1545-0008	Safe, Accurate,	rse ~ file	Visit the IRS Website at www.irs.gov/efile.			
b Employer identification number (EIN) 10-6184066				ges, tips, other compensation					
c Employer's name, address, and ZIP code Ingram, Chang and Russell Inc 16127 Erik Extension				ial security wages 17774.27 dicare wages and tips	5949	5949.73			
Charlotteland MO 87444-8699				04426.68 ial security tips 17774.27	8 Alloca	2738.37 8 Allocated tips 94426.68			
d Control number 4(9						
e Employee's first name and initial Last name Suff. Matthew Hendrix					rty 12b	FF 5992			
20707 Romero Via North Cynthia OK 72373-5569			14 Othe	er	12c C G G G G G G	763 658			
					12d C d d e GG	212			
f Employee's address and ZIP code 15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	1 11	8 Local wages, tips, etc.	19 Local income ta	x 20 Locality name			
FL 922-62-616	47257.79	3552.23		32046.47	18377.99	Samantha Dale			
ME 810-89-908	50465.79	3458.98	6	9194.69	15632.59	Hernandez Valleys			

Wage and Tax
m w-2 Statement

2019

Department of the Treasury--Internal Revenue Service

Copy B--To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.

Cut here. Keep lower portion for your records.

a Employee	o's social security number 377–38–8854	OMB N	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				1 Wages, tips, other compensation			Federal income tax withheld		
10-6184066				94073.93			21444.59		
c Employer's name, address, and ZIP code				3 Social security wages			4 Social security tax withheld		
Ingram, Chang and Russell Inc				77774.27			5949.73		
16127 Erik Extension				5 Medicare wages and tips			6 Medicare tax withheld		
Charlotteland MO 87444-8699			94426.68 7 Social security tips			2738.37 8 Allocated tips			
d Control number			9 10 Dependent care benefits			enefits			
4056583							261		
e Employee's first name and initial Last name Suff.			11 Nonqualified plans 12a See instructions for box 12				or box 12		
Matthew Hendrix 20707 Romero Via			232 13 Statutory Retirement Third-party sick pay Date			FF 5992			
						12b L	763		
						12c			
North Cynthia OK 72373-5569				14 Other (see enclosed Notice to Employee)			126		
						GG 658			
					Ī	12d	1		
						GG	212		
f Employee's address and ZIP code					Ī				
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	•	18 Local wages, tips, etc.	19 L	ocal income tax		20 Locality name	
FL 922-62-616	47257.79	3552.23		82046.47	18	377.99		Samantha Dale	
ME 810-89-908	50465.79	3458.98		69194.69	15	632.59		Hernandez Valleys	

Wage and Tax

Form W-2 **Statement**Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)'



Department of the Treasury--Internal Revenue Service

Safe, accurate, FAST! Use

