| a Employee's social security number | | | | S | afe, Accura | | | | Visit the | IRS Website | |
|---|-----------------------------------|---------------------|------------|----------------|-----------------|--------------------------------|-----------------|--------|--------------|------------------|--|
| 38 | 88-91-5728 | OMB N | o. 1545-00 | 008 F / | AST! Use | IRS | | IE | at www.i | rs.gov/efile. | |
| b Employer identification number (EIN) | 1 Wages, tips, other compensation | | | | 2 | 2 Federal income tax withheld | | | | | |
| 73-1929189 | 219960.94 | | | | 7 | 75109.88 | | | | | |
| c Employer's name, address, and ZIP code | 3 Social security wages | | | | 4 | 4 Social security tax withheld | | | | | |
| Campbell-Jones LLC | 156871.01 | | | | 1 | 12000.63 | | | | | |
| 4859 Jason Springs S | 5 Medicare wages and tips | | | | 6 | | | | | | |
| Hallland DE 3783 | 232090.32 | | | | | 6730.62 | | | | | |
| naiiiana de 3763 | 7 Social security tips | | | | 8 | 8 Allocated tips | | | | | |
| | 156871.01 | | | | | 232090.32 | | | | | |
| d Control number | | | | | | | 10 | Depend | dent care be | enefits | |
| 67 | | | | | | | | 132 | | | |
| e Employee's first name and initial Last name | 11 Nonqualified plans | | | | 12a C | | | | | | |
| Denise Stout | | | | 177 | | | | 5967 | | | |
| | | | | , | tirement | Third-party | 12b | | | | |
| 66357 Tapia Spring | emplo | ľ Ė | <u> </u> | sick pay | C o d | v | 448 | | | | |
| | | | | Other | | | 12c | | | | |
| Ashleymouth PA | | | | | C | ~ | 600 | | | | |
| | | | | | | | ė | С | 690 | | |
| | | | | | | | 12d C | | Ī | | |
| | | | | | d e | ^d G 547 | | | | | |
| f Employee's address and ZIP code | • | | | | | | | | | | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | | iges, tips, etc | | 19 Local in | | į | 20 Locality name | |
| DC 113-26-326 | 118215.74 | 4792.26 | | 25816 | 8.58 | | 37047 | .41 | | Carlos Knoll | |
| NH 869-73-936 | 100003.14 | 4458.96 | | 25462 | 9.21 | | 39470 | . 95 | | Katherine Loaf | |

Wage and Tax 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's social security number This information is being furnished to the Internal Revenue Services | | | | | | | | | |
|---|---|------|----------------------------|---|---|---------------------------------|--------------------------------|--------------|---------------|------------------|
| | | 38 | 88-91-5728 | OMB N | 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 | Idii to i | 2 Federal income tax withheld | | | |
| 73-1929189 | | | | | 219960.94 | | 75109.88 | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Campbell-Jones LLC | | | | 156871.01 | | | 12000.63 | | | |
| 4859 Jason Springs Suite 702 | | | | 5 Medicare wages and tips | | | 6 Medicare tax withheld | | | |
| | | | | | 232090.32 | | 6730 . 62 8 Allocated tips | | | |
| Hallland DE 37834-7387 | | | 7 | Social security tips | | | | | | |
| | | | | 156871.01 | | | 232090.32 | | | |
| d Control | number | | | | 9 | | | 10 De | endent care b | enefits |
| 6 | 679611 | | | | | | | | 132 | |
| e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | | |
| Denise Stout | | | | 177 13 Statutory Retirement Third-party sick pay | | | 5967 | | | |
| | | | | | | | 12b | | | |
| 66357 Tapia Springs Apt. 943 | | | | | X | | V | 448 | | |
| Ashleymouth PA 69126-5360 | | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| | | | | | | | С | 690 | | |
| | | | | | | | 12d | | | |
| | | | | | | | | G | 547 | |
| | | | | | | | - | <u> </u> | 347 | |
| 15 State | ee's address and ZIP cod Employer's state ID nu | | 16 State wages, tips, etc. | 17 State income tax | <u> </u> | 18 Local wages, tips, etc. | 19 L | ocal incom | e tax | 20 Locality name |
| DC | 113-26 | | 118215.74 | 4792.26 | | 258168.58 | 37 | 047.4 | 1 | Carlos Knoll |
| | | | | | | | | | | † |
| NH | 869-73 | -936 | 100003.14 | 4458.96 | | 254629.21 | 39 | 470.9 | 5 | Katherine Loaf |

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

