

a Employee's social security number <div style="text-align: center; font-weight: bold;">212-09-4591</div>		Safe, Accurate, FAST! Use		 Visit the IRS Website at www.irs.gov/efile .		
b Employer identification number (EIN) <div style="text-align: center; font-weight: bold;">77-7633639</div>			1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">49123.74</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">16569.34</div>	
c Employer's name, address, and ZIP code <div style="text-align: center; font-weight: bold;"> Wilson PLC Inc 2072 Stone Street Suite 160 East Veronicatown DE 58943-2016 </div>			3 Social security wages <div style="text-align: center; font-weight: bold;">49295.68</div>		4 Social security tax withheld <div style="text-align: center; font-weight: bold;">3771.12</div>	
			5 Medicare wages and tips <div style="text-align: center; font-weight: bold;">39378.03</div>		6 Medicare tax withheld <div style="text-align: center; font-weight: bold;">1141.96</div>	
			7 Social security tips <div style="text-align: center; font-weight: bold;">49295.68</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">39378.03</div>	
d Control number <div style="text-align: center; font-weight: bold;">41</div>			9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">253</div>	
e Employee's first name and initial Last name <div style="text-align: center; font-weight: bold;"> Jessica Johnson 9208 Price Village Apt. 993 North Valerie TN 12321-3012 </div>			11 Nonqualified plans <div style="text-align: center; font-weight: bold;">182</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">C 4729</div>	
			13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>		12b <div style="text-align: center; font-weight: bold;">DD 516</div>	
			14 Other		12c <div style="text-align: center; font-weight: bold;">FF 277</div>	
					12d <div style="text-align: center; font-weight: bold;">S 773</div>	
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
AZ	689-64-375	23924.9	1787.3	48037.27	6194.91	Anderson Cove
NV	525-48-395	24087.03	2108.88	48777.71	5907.89	Howard Way

**Wage and Tax
Statement**

2019

Department of the Treasury--Internal Revenue Service

Form W-2

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 <div style="text-align: center; font-weight: bold;">212-09-4591</div>		OMB No. 1545-0008		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 <div style="text-align: center; font-weight: bold;">77-7633639</div>			1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">49123.74</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">16569.34</div>	
c Employer's name, address, and ZIP code <div style="text-align: center; font-weight: bold;"> Wilson PLC Inc 2072 Stone Street Suite 160 East Veronicatown DE 58943-2016 </div>			3 Social security wages <div style="text-align: center; font-weight: bold;">49295.68</div>		4 Social security tax withheld <div style="text-align: center; font-weight: bold;">3771.12</div>	
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			7 Social security tips <div style="text-align: center; font-weight: bold;">49295.68</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">39378.03</div>	
d Control number <div style="text-align: center; font-weight: bold;">4157863</div>			9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">253</div>	
e Employee's first name and initial Last name <div style="text-align: center; font-weight: bold;"> Jessica Johnson 9208 Price Village Apt. 993 North Valerie TN 12321-3012 </div>			11 Nonqualified plans <div style="text-align: center; font-weight: bold;">182</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">C 4729</div>	
			13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>		12b <div style="text-align: center; font-weight: bold;">DD 516</div>	
			14 Other (see enclosed Notice to Employee)		12c <div style="text-align: center; font-weight: bold;">FF 277</div>	
					12d <div style="text-align: center; font-weight: bold;">S 773</div>	
f Employee's address and ZIP code						
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**Wage and Tax
Statement**

2019

Department of the Treasury--Internal Revenue Service

Form W-2

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)

**Safe, accurate,
FAST! Use**

