1 Wages, tips, other comp.			2 Federal income tax withheld				
2	212797.33		41815.25				
2 Conint	3 Social security wages				ما م		
		4	Social	security to	ax withheld 13230.67		
1	172949.98				13230.67		
5 Medica	re wages and tips	6	Medica	are tax wit	hheld		
	41074.17		6991.15				
	number		orp.		Employer use only		
8919001		150			A 36		
a Emple		l ZID and					
	er's name, address				- ~		
	lenson, Joh				LC		
8	184 Sanche	z Place	Suite	890			
1	lew Meganfo	rt RI	6820	4-1513	3		
_	<b>9</b>						
		Б	Batch		#02021		
			altii		#02021		
b Employ	er's FFD ID numbe	er la	Fmnlo	yee's SSA	numher		
	b Employer's FED ID number 41-6801499		Lilipio	yee a oon	0		
_							
7 Social s	security tips	8	Alloca	ted tips			
1	172949.98				241074.17		
9 Verification Code		10	10 Dependent care benefits				
	0				129		
11 Nongu	alified plans	12	a See in	structions	s for box 12		
	99	12	.a occ ii	isti uctioni	3 101 50% 12		
_			R	1	6396		
14 Other	14 Other		2b	i	547		
			2c	Ī	443		
		12	2d	ı	197		
		13	Stat emp.	Ret. Plan	3rd party sick pay		
			0	0	0		
e/f Employ	ees name, address	and ZIP code	•				
_							
	hristina J	ones					
9	46 Larson	Harbors .	Apt.	329			
,	aurahaven	SD		-7244			
*	CAT ALIA V CII			, ,			
15 State	Employers	' state ID no. 16	State	wages, tip	os. etc.		
V				500, 11	111319.12		
ĺ							
17 State income tax		18	18 Local wages, tips, etc.				
17 State	iiooiiio tax	1.0		<b>O</b> ,	• •		
	593.05			<b>J</b>	211014.9		
8		20		lity name			

34330.8	37			Christina Fields	
	Federal Wage	Filing and	Tax	Сору	
W-2	Statement			2018	
Copy B to be filed with employee's Federal Income Tax Return			eturn	OMB No. 1545-0008	