

a Employee's social security number <div style="text-align: center; font-weight: bold;">010-55-3047</div>		OMB No. 1545-0008		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;">85-0248429</div>				1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">205904.9</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">33413.79</div>	
c Employer's name, address, and ZIP code <div style="text-align: center;"> Arias, Myers and Butler LLC 68282 Williams Club Davidfurt IN 02540-2821 </div>				3 Social security wages <div style="text-align: center; font-weight: bold;">156582.45</div>		4 Social security tax withheld <div style="text-align: center; font-weight: bold;">11978.56</div>	
				5 Medicare wages and tips <div style="text-align: center; font-weight: bold;">214719.23</div>		6 Medicare tax withheld <div style="text-align: center; font-weight: bold;">6226.86</div>	
				7 Social security tips <div style="text-align: center; font-weight: bold;">156582.45</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">214719.23</div>	
d Control number <div style="text-align: center; font-weight: bold;">51</div>				9 <div style="background-color: #cccccc; height: 20px;"></div>		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">231</div>	
e Employee's first name and initial Last name Suff. <div style="text-align: center; margin-top: 10px;"> Elizabeth Harvey 4580 Jenkins Orchard Jacquelinemouth MA 46884-3175 </div>				11 Nonqualified plans <div style="text-align: center; font-weight: bold;">216</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">E 2716</div>	
				13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		12b <div style="text-align: center; font-weight: bold;">M 735</div>	
				14 Other		12c <div style="text-align: center; font-weight: bold;">131</div>	
						12d <div style="text-align: center; font-weight: bold;">A 994</div>	
f Employee's address and ZIP code				15 State Employer's state ID number <div style="text-align: center; font-weight: bold;">KS 377-61-131</div>		16 State wages, tips, etc. <div style="text-align: center; font-weight: bold;">97696.01</div>	
				17 State income tax <div style="text-align: center; font-weight: bold;">5260.71</div>		18 Local wages, tips, etc. <div style="text-align: center; font-weight: bold;">253551.23</div>	
				19 Local income tax <div style="text-align: center; font-weight: bold;">36452.33</div>		20 Locality name <div style="text-align: center; font-weight: bold;">Summers Wells</div>	

**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;">010-55-3047</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;">85-0248429</div>				1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">205904.9</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">33413.79</div>	
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				7 Social security tips <div style="text-align: center; font-weight: bold;">156582.45</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">214719.23</div>	
d Control number <div style="text-align: center; font-weight: bold;">5515695</div>				9 <div style="background-color: #cccccc; height: 20px;"></div>		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">231</div>	
e Employee's first name and initial Last name Suff. <div style="text-align: center; margin-top: 10px;"> Elizabeth Harvey 4580 Jenkins Orchard Jacquelinemouth MA 46884-3175 </div>				11 Nonqualified plans <div style="text-align: center; font-weight: bold;">216</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">E 2716</div>	
				13 Statutory employee Retirement plan Third-party sick pay <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		12b <div style="text-align: center; font-weight: bold;">M 735</div>	
				14 Other (see enclosed Notice to Employee)		12c <div style="text-align: center; font-weight: bold;">131</div>	
						12d <div style="text-align: center; font-weight: bold;">A 994</div>	
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**Wage and Tax
Statement**

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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

