| | a Employee's soo | cial security number | | | Safe, Accurate, | | RS Website | | |
|---|--|----------------------------|---------------------|-----------------------------|---------------------------------|--------------------------------|-------------------------------|--|--|
| | 7 | 55-95-3280 | OMB N | o. 1545-00 | 008 FAST! Use | at www.irs | s.gov/efile. | | |
| b Emplo | b Employer identification number (EIN) | | | | Vages, tips, other compensation | 2 Federal income tax v | 2 Federal income tax withheld | | |
| 73-0620933 | | | | | 56418.54 | 6361.48 | 6361.48 | | |
| c Emplo | yer's name, address, and ZIP code | | 3 S | ocial security wages | 4 Social security tax w | 4 Social security tax withheld | | | |
| Allen-Davis LLC | | | | | 62922.01 | 4813.53 | 4813.53 | | |
| 36294 Garcia Rapids | | | | | Medicare wages and tips | 6 Medicare tax withhel | 6 Medicare tax withheld | | |
| | - | | | 61497.21 | 1783. | 1783.42 8 Allocated tips | | | |
| | Burnsbury AL | 30058-1769 | 7 S | Social security tips | 8 Allocated tips | | | | |
| | | | | | 62922.01 | 9 | 61497.21 | | |
| d Control number | | | | | | 10 Dependent care ben | 10 Dependent care benefits | | |
| | 8: | | | | | 135 | 135 | | |
| e Emplo | oyee's first name and initial Last name | me | 11 N | Ionqualified plans | 12a See instructions fo | | | | |
| | | | | | 254 | g v 9131 | | | |
| | Nancy Elliott | | 13 Statu | tory Retirement Third-party | 12b | | | | |
| 14104 Randall Skyway Duffyside CA 06626-3020 | | | | | pyee plan sick pay | FF 807 | | | |
| | | | | | Other | 12c | | | |
| | | | | | | å A 304 | | | |
| | | | | | | 12d | | | |
| | | | | | | C | | | |
| | | | | | | ^d EE 608 | | | |
| f Emplo | oyee's address and ZIP code Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | <u> </u> | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | |
| NJ | 066-02-820 | 26253.77 | 3252.42 | | 60961.13 | 10000 03 | Christina Points | | |
| | | | | | | | | | |
| TN | 483-46-799 | 27687.48 | 2312.46 | | 54101.22 | 8866.67 | Tony Wells | | |

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's social security number 755-95-3280 OMB No | | | | | This information is being furnished to the Internal Revenue Service. If you are require to file a tax return, a negligence penalty or other sanction may be imposed on you if | | | | | | | | | | | | | | | |
|--|---|----------------------------|---------------------|--|---|---|--|---|------------------|--|---|--|--|--|---|-----------------------|--------|--|---------------------------------|--|--|
| b Employer identification nu | | | | | this income is taxable and you Wages, tips, other compensation | u fail to | l to report it. 2 Federal income tax withheld | | | | | | | | | | | | | | |
| 73-0620933 | | | | | 1 Wages, tips, other compensation 56418.54 | | | 6361.48 | | | | | | | | | | | | | |
| c Employer's name, address, and ZIP code Allen-Davis LLC 36294 Garcia Rapids Burnsbury AL 30058-1769 | | | | | Social security wages | 4 Social security tax withheld | | | | | | | | | | | | | | | |
| | | | | | 62922.01 5 Medicare wages and tips 61497.21 7 Social security tips 62922.01 | | | 4813.53 6 Medicare tax withheld 1783.42 8 Allocated tips 61497.21 | | | | | | | | | | | | | |
| | | | | | | | | | | | d Control number | | | | | 9 | | | 10 Dependent care benefits | | |
| | | | | | | | | | | | 8580393 | | | | | | | | 135 | | |
| | | | | | | | | | | | e Employee's first name and initial Last name Suff. | | | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | |
| | | | | | | | | | | | Nancy Elliott | | | | 254 13 Statutory Retirement Third-party | | V 9131 | | | | |
| 14104 Randall Skyway Duffyside CA 06626-3020 | | | | | employee plan sick pay X Other (see enclosed Notice to Employee) | | | FF 807 | | | | | | | | | | | | | |
| | | | | | | | | 12c | | | | | | | | | | | | | |
| | | | | | | A 304 | | | | | | | | | | | | | | | |
| | | | | | | | 12d | i | | | | | | | | | | | | | |
| | | | | | | | EE | 608 | | | | | | | | | | | | | |
| f Employee's address and 2 | IP code | | | | | | | | | | | | | | | | | | | | |
| 5 State Employer's state | e ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 | Local income tax | | 20 Locality name | | | | | | | | | | | | |
| NJ 066 | -02-820 | 26253.77 | 3252.42 | | 60961.13 | 10 | 802.03 | | Christina Points | | | | | | | | | | | | |
| TN 483 | -46-799 | 27687.48 | 2312.46 | | 54101.22 | 88 | 366.67 | | Tony Wells | | | | | | | | | | | | |

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

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