

a Employee's social security number <div style="text-align: center; font-weight: bold;">520-49-0285</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;">61-6645781</div>				1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">187851.57</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">67086.32</div>	
c Employer's name, address, and ZIP code <div style="text-align: center; font-weight: bold;"> Church LLC Group 9026 Catherine Garden Apt. 194 West Jillland SC 62891-5464 </div>				3 Social security wages <div style="text-align: center; font-weight: bold;">212245.95</div>		4 Social security tax withheld <div style="text-align: center; font-weight: bold;">16236.82</div>	
				5 Medicare wages and tips <div style="text-align: center; font-weight: bold;">211070.0</div>		6 Medicare tax withheld <div style="text-align: center; font-weight: bold;">6121.03</div>	
				7 Social security tips <div style="text-align: center; font-weight: bold;">212245.95</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">211070.0</div>	
d Control number <div style="text-align: center; font-weight: bold;">27</div>				9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">168</div>	
e Employee's first name and initial Last name Suff. <div style="text-align: center; font-weight: bold;"> Jonathan Robinson 006 Jeanne Plains North Gregorychester MT 16432-4777 </div>				11 Nonqualified plans <div style="text-align: center; font-weight: bold;">118</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">6868</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;">G 372</div>	
				14 Other		12c <div style="text-align: center; font-weight: bold;">734</div>	
						12d <div style="text-align: center; font-weight: bold;">105</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	
TX	941-80-480	100678.45	4981.02	191466.68	36944.81	Cindy Key	
GA	299-17-701	99602.43	3670.53	148579.22	36747.7	Rhodes Pines	

**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;">520-49-0285</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;">61-6645781</div>				1 Wages, tips, other compensation <div style="text-align: center; font-weight: bold;">187851.57</div>		2 Federal income tax withheld <div style="text-align: center; font-weight: bold;">67086.32</div>	
c Employer's name, address, and ZIP code <div style="text-align: center; font-weight: bold;"> Church LLC Group 9026 Catherine Garden Apt. 194 West Jillland SC 62891-5464 </div>				3 Social security wages <div style="text-align: center; font-weight: bold;">212245.95</div>		4 Social security tax withheld <div style="text-align: center; font-weight: bold;">16236.82</div>	
				5 Medicare wages and tips <div style="text-align: center; font-weight: bold;">211070.0</div>		6 Medicare tax withheld <div style="text-align: center; font-weight: bold;">6121.03</div>	
				7 Social security tips <div style="text-align: center; font-weight: bold;">212245.95</div>		8 Allocated tips <div style="text-align: center; font-weight: bold;">211070.0</div>	
d Control number <div style="text-align: center; font-weight: bold;">2773534</div>				9		10 Dependent care benefits <div style="text-align: center; font-weight: bold;">168</div>	
e Employee's first name and initial Last name Suff. <div style="text-align: center; font-weight: bold;"> Jonathan Robinson 006 Jeanne Plains North Gregorychester MT 16432-4777 </div>				11 Nonqualified plans <div style="text-align: center; font-weight: bold;">118</div>		12a See instructions for box 12 <div style="text-align: center; font-weight: bold;">6868</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;">G 372</div>	
				14 Other (see enclosed Notice to Employee)		12c <div style="text-align: center; font-weight: bold;">734</div>	
						12d <div style="text-align: center; font-weight: bold;">105</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	
TX	941-80-480	100678.45	4981.02	191466.68	36944.81	Cindy Key	
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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

