


|   |                            |   |                     |   |                     |  |  |
|---|----------------------------|---|---------------------|---|---------------------|--|--|
|   |                            | a Employee's social security number<br><b>761-46-2325</b> |                     | Safe, Accurate,<br>FAST! Use                                     |                     | Visit the IRS Website<br>at www.irs.gov/efile.   |  |
| b Employer identification number (EIN)<br><b>38-3995762</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>62522.68</b>  |                     | 2 Federal income tax withheld<br><b>9837.32</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Carr, Padilla and Johnson Group</b><br><b>841 King Fort</b><br><b>Laurieside OK 81472-5097</b>   |                            |   |                     | 3 Social security wages<br><b>59442.95</b>  |                     | 4 Social security tax withheld<br><b>4547.39</b> |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>60046.19</b>  |                     | 6 Medicare tax withheld<br><b>1741.34</b>        |  |
|   |                            |   |                     | 7 Social security tips<br><b>59442.95</b>   |                     | 8 Allocated tips<br><b>60046.19</b>              |  |
| d Control number<br><b>98</b>   |                            |   |                     | 9   |                     | 10 Dependent care benefits<br><b>190</b>         |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Jason Pugh</b><br><br><b>463 Garcia Inlet</b><br><b>Port Debbie OR 88084-6918</b> |                            |   |                     | 11 Nonqualified plans<br><b>280</b>   |                     | 12a See instructions for box 12<br>C <b>5780</b> |  |
|   |                            |   |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 12b DD <b>684</b>                                |  |
|   |                            |   |                     | 14 Other  |                     | 12c V <b>153</b>                                 |  |
|   |                            |   |                     |   |                     | 12d M <b>321</b>                                 |  |
| 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                                 |  |
| <b>KS</b>   | <b>297-39-255</b>          | <b>31309.66</b>   | <b>2441.96</b>      | <b>71094.1</b>  | <b>6457.83</b>      | <b>Spencer Meadows</b>                           |  |
| <b>NJ</b>   | <b>991-26-238</b>          | <b>30092.06</b>   | <b>2443.18</b>      | <b>66861.06</b>   | <b>6684.47</b>      | <b>Porter Club</b>                               |  |

**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.

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Cut here. Keep lower portion for your records.

|   |                            |   |                     |  |                     |  |  |
|---|----------------------------|---|---------------------|--|---------------------|--|--|
|   |                            | a Employee's social security number<br><b>761-46-2325</b> |                     | 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<br><b>38-3995762</b>   |                            |   |                     | 1 Wages, tips, other compensation<br><b>62522.68</b>   |                     | 2 Federal income tax withheld<br><b>9837.32</b>  |  |
| c Employer's name, address, and ZIP code<br><b>Carr, Padilla and Johnson Group</b><br><b>841 King Fort</b><br><b>Laurieside OK 81472-5097</b>   |                            |   |                     | 3 Social security wages<br><b>59442.95</b>   |                     | 4 Social security tax withheld<br><b>4547.39</b> |  |
|   |                            |   |                     | 5 Medicare wages and tips<br><b>60046.19</b>   |                     | 6 Medicare tax withheld<br><b>1741.34</b>        |  |
|   |                            |   |                     | 7 Social security tips<br><b>59442.95</b>  |                     | 8 Allocated tips<br><b>60046.19</b>              |  |
| d Control number<br><b>9868795</b>  |                            |   |                     | 9  |                     | 10 Dependent care benefits<br><b>190</b>         |  |
| e Employee's first name and initial Last name Suff.<br><br><b>Jason Pugh</b><br><br><b>463 Garcia Inlet</b><br><b>Port Debbie OR 88084-6918</b> |                            |   |                     | 11 Nonqualified plans<br><b>280</b>  |                     | 12a See instructions for box 12<br>C <b>5780</b> |  |
|   |                            |   |                     | 13 Statutory employee Retirement plan Third-party sick pay<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |                     | 12b DD <b>684</b>                                |  |
|   |                            |   |                     | 14 Other (see enclosed Notice to Employee)   |                     | 12c V <b>153</b>                                 |  |
|   |                            |   |                     |  |                     | 12d M <b>321</b>                                 |  |
| 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                                 |  |
| <b>KS</b>   | <b>297-39-255</b>          | <b>31309.66</b>   | <b>2441.96</b>      | <b>71094.1</b>   | <b>6457.83</b>      | <b>Spencer Meadows</b>                           |  |
| <b>NJ</b>   | <b>991-26-238</b>          | <b>30092.06</b>   | <b>2443.18</b>      | <b>66861.06</b>  | <b>6684.47</b>      | <b>Porter Club</b>                               |  |

**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

