

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">647-36-3096</div>		OMB No. 1545-0008		<b>Safe, Accurate, FAST! Use</b>		Visit the IRS Website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
<b>b Employer identification number (EIN)</b> <div style="text-align: center; font-weight: bold;">41-9270573</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">47189.06</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">17353.84</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">             Kemp and Sons Ltd              349 Eric Well              Port Vanessaton VA 26534-9974           </div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">57191.67</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">4375.16</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">43822.6</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">1270.86</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">57191.67</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">43822.6</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">53</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">285</div>	
<b>e Employee's first name and initial Last name</b> <div style="text-align: center; font-weight: bold;">             Gary Cabrera              94788 Susan Ports Apt. 824              West Christian AZ 85277-2988           </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">201</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">D 2609</div>	
				<b>13 Statutory employee Retirement plan Third-party sick pay</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>		<b>12b</b> <div style="text-align: center; font-weight: bold;">697</div>	
				<b>14 Other</b>		<b>12c</b> <div style="text-align: center; font-weight: bold;">AA 388</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">S 713</div>	
<b>f Employee's address and ZIP code</b>							
<b>15 State</b>	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	
OH	880-14-008	22550.65	1116.87	56673.72	9264.02	Hale Forge	
AK	761-83-970	25221.02	996.45	52641.86	7538.81	Timothy Port	

**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. -----

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">647-36-3096</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>b Employer identification number</b> <div style="text-align: center; font-weight: bold;">41-9270573</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">47189.06</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">17353.84</div>	
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<b>d Control number</b> <div style="text-align: center; font-weight: bold;">5387550</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">285</div>	
<b>e Employee's first name and initial Last name</b> <div style="text-align: center; font-weight: bold;">             Gary Cabrera              94788 Susan Ports Apt. 824              West Christian AZ 85277-2988           </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">201</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">D 2609</div>	
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				<b>14 Other (see enclosed Notice to Employee)</b>		<b>12c</b> <div style="text-align: center; font-weight: bold;">AA 388</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">S 713</div>	
<b>f Employee's address and ZIP code</b>							
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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

