a Employee's social s 552	ecurity number 2-83-1664	OMB No	o. 1545-000	Safe, Acc	413	e ≁f			RS Webs			
b Employer identification number (EIN)		•	1 W	ages, tips, other comp	ensation	2	Federal	income tax	withheld			
26-7207794	193091.22				41576.8							
c Employer's name, address, and ZIP code	3 Social security wages				4 Social security tax withheld							
Smith-Robbins PLC				212786.93				16278.2				
1626 Hernandez Park				5 Medicare wages and tips				6 Medicare tax withheld				
Taka Valandahanasah	146347.53				4244.08							
Lake Yolandaborough AZ 96859-8561				7 Social security tips				8 Allocated tips				
	212786.93				146347.53							
d Control number						10	Depend	ent care be	nefits			
32								300				
e Employee's first name and initial Last name		Suff.	11 No	onqualified plans		12a	See ins	tructions f	or box 12			
				151				FF 7030				
Kimberly Nunez				ry Retirement	Third-party	12b						
1339 Stephanie Corners				ree plan	sick pay	C o d e	A	538				
East Mary SD 17236-2771				her		12c						
					o d	FF	799					
						12d						
						0	м	479		ļ		
f Employee's address and ZIP code						e		1,3				
	6 State wages, tips, etc.	17 State income tax		18 Local wages, tips,	etc.	19 Local in	come tax		20 Locality	y name		
PA 115-09-794 8	37557.1	9128.26		181874.25		20673	. 69		Donna	Creek		
NE 640-99-601 8	38143.99	10290.93		198364.83		27679	.04		Cross S	Station		

Wage and Tax
orm 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 socia	ll security number	OMB N	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				1 \	Vages, tips, other compensation	2 Federal income tax withheld					
26-7207794					193091.22			41576.8			
c Employer's name, address, and ZIP code					3 Social security wages			4 Social security tax withheld			
Smith-Robbins PLC				212786.93			16278.2				
1626 Hernandez Park				5 Medicare wages and tips			6 Medicare tax withheld				
Lake Yolandaborough AZ 96859-8561					146347.53			4244.08			
					7 Social security tips			8 Allocated tips			
				212786.93			146347.53				
d Control number				9 Dependent care benefits				enetits			
3275556 e Employee's first name and initial Last name Suff.				11 Nonqualified plans			300				
e Employee's first name and initial Last name Suff.				11 Nonqualilled plans							
Kimberly Nunez			151			FF 7030					
Kimberry Numez				13 Statutory Retirement Third-party employee plan sick pay			12b	Ī			
1339 Stephanie Corners				x			A	A 538			
East Mary SD 17236-2771					14 (Other (see enclosed Notice to Emplo	12c				
2000 1001, 05 27200 2772							FF	FF 799			
							12d				
								м	479		
f Emplo	ovee's address and ZIP code	2						11	1275		
15 State			16 State wages, tips, etc.	17 State income tax		18 Local wages, tips, etc.	19	Local income tax	:	20 Locality	/ name
PA	115-09	-794	87557.1	9128.26		181874.25	20	673.69		Donna	Creek
	 										
NE	640-99	-601	88143.99	10290.93		198364.83	27	679.04		Cross S	Station

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

Safe, accurate, FAST! Use

