1 Wages, tips, other comp. 170001.82			2 Federal income tax withheld 18020.6				
				10020.0			
3	Social security wages 119918.75			4 Social security tax withheld 9173.78			
5	5 Medicare wages and tips			6 Medic	are tax wit	hheld	
	164172.9			4761.01			
d 614	Control number 825		Dept. 150	Corp.		Employe A	er use only 36
С	Employer's name	e. address.	and ZIP c	l ode			
		do Inc					
	93054	Cynthi	a Stra	avenue			
		rendas		MN	01010	9-3426	
	Lake E	rendas	ntre	LIIA	94013	9-3420	
				Batch		#02021	
b	Employer's FED 04-46026			a Emplo	yee's SSA	number 0	
7	Social security t	ips		8 Alloca	ted tips		
	119918.7	5			•	164172.9	
9	Verification Code 0		10 Dependent care benefits 194				
11	Nonqualified plans		12a See instructions for box 12				
				С	1	9311	
14	Other			12b	I	645	
				12c	<u> </u>	190	
				12d	Det Dies	982	
				13 Stat emp. 0	Ket. Plan	3rd party sick pay 0	
e/f	Employees name	e, address a	and ZIP co			<u> </u>	
	Amber	Bel	1				
	84652 Timothy Gardens						
		oshuaf	_		8347-5	5886	
15	5 State Employers' state ID no.16 State wages, tips, etc.			os, etc.			
	МТ	50-79-359				90781.41	
17	State income tax			18 Local wages, tips, etc.			
	4279.22		142289.96				
19	Local income to	ax		20 Loca	lity name		

25068.2	27			David Fall	
	Federal	Filing		Сору	
	Wage	and	Tax		
W-2	ent		2018		
Copy B to be filed with employee's Federal Income Tax Return OMB No. 1545-0008					