| a Employee's social security number 287-14-8144 | OMB No. 1545-0 | Safe, Accurate, FAST! Use | Visit the IRS Website at www.irs.gov/efile. | | | |
|---|--------------------|--|--|--|--|--|
| b Employer identification number (EIN) 58-1772337 | 1 \ | Vages, tips, other compensation | 2 Federal income tax withheld 31967.95 | | | |
| c Employer's name, address, and ZIP code Williamson Inc and Sons | | Social security wages 147267.51 | 4 Social security tax withheld 11265.96 | | | |
| 99480 Smith Parks | | Medicare wages and tips 245562.89 | 6 Medicare tax withheld 7121.32 | | | |
| Josephland MD 06290-2040 | | Social security tips 147267.51 | 8 Allocated tips 245562.89 | | | |
| d Control number | 9 | | 10 Dependent care benefits 235 | | | |
| e Employee's first name and initial Last name Suf Scott Baker | | Nonqualified plans 116 tory Retirement Third-party | 12a See instructions for box 12 C d J 8235 | | | |
| 28416 Bradley Ranch Apt. 102 North Josephland CA 33508-60 | | oyee plan sick pay | c 2 188 | | | |
| | | Other | 12c C d L 605 | | | |
| | | | 12d C W 762 | | | |
| f Employee's address and ZIP code | | | | | | |
| 15 State Employer's state ID number 16 State wages, tips, etc. 17 | 7 State income tax | 18 Local wages, tips, etc. | 19 Local income tax 20 Locality name | | | |
| OR 183-14-942 98735.86 1 | 0334.52 | 237127.57 | 30811.19 Frost Plain | | | |
| AK 459-30-082 104808.53 8 | 476.84 | 139614.89 | 25689.16 Kaufman Rest | | | |

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 Employe | ee's social security number | OMB N | o. 1545-0 | This information is being furni to file a tax return, a negligen | ce pena | alty or other san | | | |
|---|-----------------------------|---------------------|---|---|---------|--|--------------|------------------|--|
| b Employer identification number | | | this income is taxable and you fail to 1 Wages, tips, other compensation | | | to report it. 2 Federal income tax withheld | | | |
| 58-1772337 | | | 195165.08 | | | 31967.95 | | | |
| c Employer's name, address, and ZIP code | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Williamson Inc and Sons | | | 147267.51 | | | 11265.96 | | | |
| 99480 Smith Parks | | | 5 Medicare wages and tips 245562.89 7 Social security tips | | | 6 Medicare tax withheld 7121.32 | | | |
| Josephland MD 06290-2040 | | | | | | | | | |
| | | 8 Allocated tips | | | | | | | |
| | | | | 147267.51 | | | 2455 | 62.89 | |
| d Control number | | | 9 | | | 10 Depen | dent care be | enefits | |
| 3226211 | | | | | | | 235 | | |
| e Employee's first name and initial Last name Suff. | | | 11 Nonqualified plans | | | 12a See instructions for box 12 | | | |
| Scott Baker | | | 116 | | | J 8235 | | | |
| | | | 13 Statutory Retirement Third-party employee plan sick pay | | | 12b | I | | |
| 28416 Bradley Ranch Apt. 102 | | | Х | | | Z | 188 | | |
| North Josephland CA 33508-60 | | | 14 Other (see enclosed Notice to Employee) | | | 12c | | | |
| - | | | | | | L | 605 | | |
| | | | | | İ | 12d | 1 | | |
| | | | | | | W | 762 | | |
| 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 | |
| OR 183-14-942 | 98735.86 | 10334.52 | | 237127.57 | 30 | 811.19 | | Frost Plain | |
| AK 459-30-082 | 104808.53 | 8476.84 | | 139614.89 | 25 | 689.16 | | Kaufman Rest | |

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

