| | a Employee's socia | • | | | Safe, Accurate, | * e ~file | Visit the IRS | | |
|---|----------------------------|--|---------------------|-------------------|---------------------------------|--------------------|--------------------------------|--------------------------|--|
| | 17 | 78-86-9660 | OMB No | o. 1545-00 | 008 FAST! Use | G~IIIE | at www.irs.g | ov/efile. | |
| b Employer identification number (EIN) | | | | 1 V | Vages, tips, other compensation | 2 Feder | 2 Federal income tax withheld | | |
| 16-8543273 | | | | | 167506.94 | 4281 | 42816.96 | | |
| c Employer's name, address, and ZIP code | | | | 3 S | ocial security wages | 4 Socia | 4 Social security tax withheld | | |
| Mcconnell-Whitaker and Sons | | | | | 184863.25 | 1414 | 14142.04 | | |
| 19841 Torres Bridge | | | | 5 N | Medicare wages and tips | 6 Medic | | | |
| <u> </u> | | | | | 205504.16 | | 5959.62 | | |
| South Joyfurt TN 10442-2651 | | | | 7 S | Social security tips | 8 Alloca | 8 Allocated tips | | |
| | | | | | 184863.25 | | 205504.16 | | |
| d Control number | | | | 9 | | 10 Depe | 10 Dependent care benefits | | |
| 57. | | | | | | | 238 | | |
| e Employee's first name and initial Last name Suff. | | | | 11 N | lonqualified plans | 12a See i | | | |
| Marcia Campbell | | | | | 177 | d BB | BB 7929 | | |
| | | | | 13 Statu emple | | 12b C | 1 | | |
| 1759 Reyes Groves | | | | | x | d V | 143 | | |
| Adamsfurt MD 41080-5957 | | | | | Other | 12c | | | |
| | | | | | | o d e | 843 | | |
| | | | | | | 12d C | 1 | | |
| | | | | | | o d e | 765 | | |
| | s address and ZIP code | Lab Orden de la companya de la compa | 147 0001 10000 | | I 40 I and a second | T40 Leveline | Loo | L. a. a. Ph. a. a. a. a. | |
| | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 Local income to | | | |
| VA | 197-20-641 | 83037.93 | 5840.81 | | 147651.55 | 19719.48 | 9719.48 Miller Pa | | |
| СТ | 030-89-566 | 88078.23 | 6062.94 | | 197046.46 | 29482.06 | G G | onzales Park | |

Wage and Tax
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 social security number | | | | | This information is being furnished to the Internal Revenue Service. If you are required | | | | | |
|--|---|------|----------------------------|--|---|--|---------|--------------------------------|-----|------------------|--|
| | | 1' | 78-86-9660 | OMB N | OMB No. 1545-0008 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 Wages, tips, other compensation | | | 2 Federal income tax withheld | | | |
| 16-8543273 | | | | | 167506.94 | | | 42816.96 | | | |
| c Employer's name, address, and ZIP code | | | | | 3 Social security wages | | | 4 Social security tax withheld | | | |
| Mcconnell-Whitaker and Sons | | | | | 184863.25 | | | 14142.04 | | | |
| 19841 Torres Bridge South Joyfurt TN 10442-2651 | | | | | 5 Medicare wages and tips 205504.16 | | | 6 Medicare tax withheld | | | |
| | | | | | | | | 5959.62 | | | |
| | | | | | 7 Social security tips | | | 8 Allocated tips | | | |
| | | | | | 184863.25 | | | 205504.16 | | | |
| d Control number | | | | | 9 10 Dependent care benefits | | | enefits | | | |
| | 5787301 | | | | 238 | | | | | | |
| e Emplo | e Employee's first name and initial Last name Suff. | | | | 11 Nonqualified plans 12a See instructions for bo | | | for box 12 | | | |
| Marcia Campbell | | | | 177 13 Statutory Retirement Third-party employee plan sick pay X 14 Other (see enclosed Notice to Employee) | | | вв 7929 | | | | |
| 1759 Reyes Groves Adamsfurt MD 41080-5957 | | | | | | | 12b | l | | | |
| | | | | | | | V 14 | | 13 | | |
| | | | | | | | 12c | | | | |
| | | | | | | | | 843 | | | |
| | | | | | | | | | 12d | | |
| | | | | | | | | | 765 | | |
| f Emplo | oyee's address and ZIP cod | е | | | | | | | | | |
| 15 State | Employer's state ID nu | mber | 16 State wages, tips, etc. | 17 State income tax | | 18 Local wages, tips, etc. | 19 Lo | cal income tax | : | 20 Locality name | |
| VA | 197-20 | -641 | 83037.93 | 5840.81 | | 147651.55 | 197 | 19.48 | | Miller Parks | |
| СТ | 030-89 | -566 | 88078.23 | 6062.94 | | 197046.46 | 294 | 82.06 | | Gonzales Park | |

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

