

<b>a Employee's social security number</b> <div style="text-align: center; font-weight: bold;">833-08-7462</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;">05-6810704</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">237923.12</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">44275.57</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">           Fowler-Davies PLC            60702 David Turnpike            Port Ashley FL 25226-2974         </div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">168299.83</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">12874.94</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">204705.28</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">5936.45</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">168299.83</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">204705.28</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">85</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">298</div>	
<b>e Employee's first name and initial</b> <b>Last name</b> <b>Suff.</b>  <div style="text-align: center; font-weight: bold;">           Mrs. Julia             532 Kimberly Place            Lake Christine NV 08336-6373         </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">176</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">H 5739</div>	
				<b>13 Statutory employee</b> <b>Retirement plan</b> <b>Third-party sick pay</b> <div style="text-align: center;"> <input type="checkbox"/>      <input checked="" type="checkbox"/>      <input type="checkbox"/> </div>		<b>12b</b> <div style="text-align: center; font-weight: bold;">T 837</div>	
				<b>14 Other</b>		<b>12c</b> <div style="text-align: center; font-weight: bold;">AA 273</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">H 868</div>	
<b>f Employee's address and ZIP code</b>				<b>15 State</b> <b>Employer's state ID number</b> <b>16 State wages, tips, etc.</b> <b>17 State income tax</b> <b>18 Local wages, tips, etc.</b> <b>19 Local income tax</b> <b>20 Locality name</b> <div style="text-align: center; font-weight: bold;">           OH      365-85-499      109406.93      6489.69      215356.83      40922.45      Tran Mews         </div>			
				<div style="text-align: center; font-weight: bold;">           ND      174-07-853      107083.09      10246.82      193972.86      41885.98      Cochran Extension         </div>			

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;">833-08-7462</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;">05-6810704</div>				<b>1 Wages, tips, other compensation</b> <div style="text-align: center; font-weight: bold;">237923.12</div>		<b>2 Federal income tax withheld</b> <div style="text-align: center; font-weight: bold;">44275.57</div>	
<b>c Employer's name, address, and ZIP code</b> <div style="text-align: center; font-weight: bold;">           Fowler-Davies PLC            60702 David Turnpike            Port Ashley FL 25226-2974         </div>				<b>3 Social security wages</b> <div style="text-align: center; font-weight: bold;">168299.83</div>		<b>4 Social security tax withheld</b> <div style="text-align: center; font-weight: bold;">12874.94</div>	
				<b>5 Medicare wages and tips</b> <div style="text-align: center; font-weight: bold;">204705.28</div>		<b>6 Medicare tax withheld</b> <div style="text-align: center; font-weight: bold;">5936.45</div>	
				<b>7 Social security tips</b> <div style="text-align: center; font-weight: bold;">168299.83</div>		<b>8 Allocated tips</b> <div style="text-align: center; font-weight: bold;">204705.28</div>	
<b>d Control number</b> <div style="text-align: center; font-weight: bold;">8594770</div>				<b>9</b>		<b>10 Dependent care benefits</b> <div style="text-align: center; font-weight: bold;">298</div>	
<b>e Employee's first name and initial</b> <b>Last name</b> <b>Suff.</b>  <div style="text-align: center; font-weight: bold;">           Mrs. Julia             532 Kimberly Place            Lake Christine NV 08336-6373         </div>				<b>11 Nonqualified plans</b> <div style="text-align: center; font-weight: bold;">176</div>		<b>12a See instructions for box 12</b> <div style="text-align: center; font-weight: bold;">H 5739</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 273</div>	
						<b>12d</b> <div style="text-align: center; font-weight: bold;">H 868</div>	
<b>f Employee's address and ZIP code</b>				<b>15 State</b> <b>Employer's state ID number</b> <b>16 State wages, tips, etc.</b> <b>17 State income tax</b> <b>18 Local wages, tips, etc.</b> <b>19 Local income tax</b> <b>20 Locality name</b> <div style="text-align: center; font-weight: bold;">           OH      365-85-499      109406.93      6489.69      215356.83      40922.45      Tran Mews         </div>			
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Wage and Tax  
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

