

Copy B-To Be Filed With Payee's FEDERAL Tax Return.		Tax Year 2018 OMB No. 1545-0008	
a. Payee's social security number 571-37-9384	1 Wages, tips, other compensation 16,251.47	2 Federal income tax withheld 1,549.17	
b. Payor ID number 42-0127290	3 Social security wages 17,509.36	4 Social security tax withheld 1,085.58	
d. Control number 10083447	5 Medicare wages and tips 17,509.36	6 Medicare tax withheld 253.89	
7 Social security tips	8 Allocated tips	9 Verification code	
c. Payor's name, address, and ZIP code PRINCIPAL LIFE INSURANCE CO 711 HIGH STREET DES MOINES, IA 50392-0001			
e. Payee's name, address, and ZIP code ANTONY ROSS 5485 E NORWICH AVE FRESNO, CA 93727-7151			
10 Dependent care benefits	11 Nonqualified plans	See instructions for box 12 12a D 1,257.89	
13 Statutory payee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other CA-SDI/EE 168.15	12b 12c 12d 12e 12f	
15 State/Payor's state ID CA 016-0327-3	16 State wages, tips, etc. 16,251.47	17 State income tax 332.33	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service.

TRACKING #: 19749193T1

Copy 2-To Be Filed With Payee's State, City, or Local Income Tax Return.		Tax Year 2018 OMB No. 1545-0008	
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Copy C-For PAYEE'S RECORDS. (see Notice to Payee on back of Copy B.)		Tax Year 2018 OMB No. 1545-0008	
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
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.

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