Copy B To Be Filed Federal Tax Return	2019	OMB No. 1545-0008					
a Employee soc. sec. no.	1 Wag	ges, tips, other comp.	2 Federal Income tax withheld				
	3 Soci	al security wages	4 Sc	4 Social security tax withheld			
b Employer ID no. (EIN)	E Mad	icare wages and tips	C M	edicare tax withheld			
	5 ivied	icare wages and lips	O IVI	edicare lax withheid	1		
c Employer's name, addres	s and Z	IP code					
d Control number							
		710					
e Employee's name, addre	ss, and	ZIP code					
7 Social security tips	8	Allocated tips	9 Verification code				
10 Dependent care benefit	s 1	1 Nonqualified plans	1:	2a Code See instr.	for hox 12		
To Depondent date benefit	12a CO		ed Code Coo mon	TOT BOX 12			
13 Statutory employee	mployee 14 Other		12b Code				
Retirement plan			1:	2c Code			
Third-party sick pay		12d Code					
15 State Employer's State ID # 18 Local wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax	17 State income tax 20 Locality name				
10 Local wayes, tips, etc.		10 Local modific tax		20 Locality Hall			
Form W-2 Wage and Tax S This information is being fur	tateme nished t	<b>nt</b> o the Internal Revenue Servi	се	Dept. of the	Treasury - IRS		

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return				2019	OMB No. 1545-0008	
a Employee soc. sec. no.		iges, tips, other comp.	2 Federal Income tax withhe			
	3 Soc	cial security wages	4 So	ithheld		
b Employer ID no. (EIN)						
	5 Me	dicare wages and tips	6 Me	dicare tax withhel	d	
c Employer's name, addre	ss and 2	ZIP code				
d Control number						
e Employee's name, addre	ess and	I ZIP code				
,	,	· <del></del> ··				
7 Social security tips 8		8 Allocated tips	9 Verification code			
		7 modulod tipo		3 Tollinguion codo		
10 Dependent care benefits		11 Nonqualified plans	12:	12a Code See instr. for box 1:		
13 Statutory employee	14 Oth	er	121	12b Code		
Retirement plan			120	12c Code		
Third-party sick pay			12d Code			
15 State Employer's State	ın#	16 State wages, tips, etc.		17 State incom	e tay	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name		

Form W-2 Wage and Tax Statement

Copy 2 To Be Filed With Employee's State,

Dept. of the Treasury - IRS

OMB No.

Copy C For EMPL (See Notice to Em		E'S RECORDS se on back of Copy B.)		2019	OMB No. 1545-0008
a Employee soc. sec. no.		ages, tips, other comp.	2 Federal Income tax withheld		
	3 Sc	ocial security wages	4 Social security tax withheld		
b Employer ID no. (EIN)					
	5 Me	edicare wages and tips	6 M	edicare tax withheld	t
c Employer's name, addre	ess and	ZIP code			
d Control number					
e Employee's name, addr	ess, an	d ZIP code			
7 Social security tips		8 Allocated tips	9 Verification code		
40 D		11 Nonqualified plans	12a Code See instr. for box 12		
10 Dependent care benefits		i i Nonqualilled plans		za Code See instr	. IOI DOX 12
13 Statutory employee 14 Oth		nor	12b Code		
13 Statutory employee 14 Oth		ici	'	zb Code	
Retirement plan			1:	2c Code	
Third-party sick pay			1:	2d Code	
15 State Employer's State ID # 18 Local wages, tips, etc.		16 State wages, tips, etc. 19 Local income tax			
		19 Local income tax	9 Local income tax 20 Locality name		E

Copy 2 To Be File City, or Local Inco	d With ome Ta		2019	OMB No. 1545-0008		
a Employee soc. sec. no.	1 Wag	Vages, tips, other comp. 2 Federal Income tax withh				
b Employer ID no. (EIN)	3 Soci	al security wages	4 So	cial security tax wit	thheld	
	5 Medicare wages and tips 6 Medicare tax withheld				I	
c Employer's name, addre	ess and Z	IP code				
d Control number						
e Employee's name, addr	ess, and i	ZIP code				
7 Social security tips 8		3 Allocated tips	9 \	9 Verification code		
10 Dependent care benefits 1		1 Nonqualified plans	12:	12a Code See instr. for box 12		
13 Statutory employee	14 Other	r	121	o Code		
Retirement plan			12c Code			
Third-party sick pay			12d Code			
15 State Employer's Stat	e ID#	16 State wages, tips, etc.		17 State income	e tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality nam	e	