

| Copy B-To Be Filed With Employee's Federal Tax Return.  |          |  | 41-0852411<br>OMB No. 1545-0008                 |                     |  |
|---|----------|--|---|---------------------|--|
| a Employee's soc. sec. no.<br><b>XX-XX-7008</b>   |          | 1 Wages, tips, other comp.<br><b>9896.60</b> | 2 Federal income tax withheld<br><b>0.02</b>    |                     |  |
| b Employer ID number (EIN)<br><b>11-3714332</b>   |          | 3 Social security wages<br><b>9896.60</b>    | 4 Social security tax withheld<br><b>613.59</b> |                     |  |
|   |          | 5 Medicare wages and tips<br><b>9896.60</b>  | 6 Medicare tax withheld<br><b>143.50</b>        |                     |  |
| c Employer's name, address, and ZIP code<br><b>THERESA WILLIAMS</b><br><b>10643 BUSINESS 21</b><br><br><b>HILLSBORO MO 63050</b>      |          |  |   |                     |  |
| d Control number<br><b>14</b>   |          |  |   |                     |  |
| e Employee's name, address, and ZIP code Suff.<br><b>ALEXIS VERDERBER</b><br><b>13 ALGONQUIN CIR</b><br><br><b>HILLSBORO MO 63050</b> |          |  |   |                     |  |
| 7 Social security tips  |          | 8 Allocated tips                             |   | 9 Verification code |  |
| 10 Dependent care benefits  |          | 11 Nonqualified plans                        |   | 12a Code            |  |
| 13 Statutory employee   | 14 Other |  | 12b Code  |                     |  |
| Retirement plan   |          |  | 12c Code  |                     |  |
| Third-party sick pay  |          |  | 12d Code  |                     |  |
| MO 18701221   |          | 9896.60                                      |   |                     |  |
| 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    |  |

**Form W-2 Wage and Tax Statement 2020** Dept. of the Treasury -- IRS  
This information is being furnished to the Internal Revenue Service.  
DAA

| Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.   |          |  | 41-0852411<br>OMB No. 1545-0008                 |                     |  |
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| 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    |  |

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| Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)   |          |  | 41-0852411<br>OMB No. 1545-0008                 |                     |  |
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**Form W-2 Wage and Tax Statement 2020** Dept. of the Treasury -- IRS  
This information is being furnished to the IRS if you are required to file a tax return, and a penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  
DAA

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