

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 52-4443367			1 Wages, tips, other compensation 60,000.00		2 Federal income tax withheld 3,000.00		
c Employer's name, address, and ZIP code MOUNTAIN RESORTS 20 MOUNTAIN ROAD POCONO, PA 18344			3 Social security wages 60,000.00		4 Social security tax withheld 3,720.00		
			5 Medicare wages and tips 60,000.00		6 Medicare tax withheld 870.00		
			7 Social security tips		8 Allocated tips		
d Control number			9		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans	
MATTHEW ANDERSON						12a C o o l l e	
30 PEYTON PLACE						13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
NEWARK, DE 19711						12b C o o l l e	
f Employee's address and ZIP code						14 Other	
						12c C o o l l e	
						12d C o o l l e	
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	
DE	52-4443367	60,000.00	2,000.00				
PA	52-4443367	60,000.00	1,842.00		723.00		

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2019

Department of the Treasury—Internal Revenue Service