

22222		a Employee's social security number		OMB No. 1545-0008			
b Employer identification number (EIN) 52-7777756			1 Wages, tips, other compensation 98,500.00		2 Federal income tax withheld 5,000.00		
c Employer's name, address, and ZIP code MOUNTAIN RESORTS 20 MOUNTAIN ROAD POCONO, PA 18344			3 Social security wages 98,500.00		4 Social security tax withheld 6,107.00		
			5 Medicare wages and tips 98,500.00		6 Medicare tax withheld 1,428.25		
			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	
MEGAN ANDERSON						12a C o o d e	
30 PEYTON PLACE						12b C o o d e	
NEWARK, DE 19711				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12c C o o d e	
f Employee's address and ZIP code				14 Other		12d C o o d 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	52-7777756	98,500.00	6,000.00		177.00		

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

2019

Department of the Treasury—Internal Revenue Service