## **EMPLOYER COPY DO NOT FILE**

| 33333 a Control number For Official Use OMB No.   | Only D   |   |
|---|--|---|
| Kind   941   Military   943   944   945   945   945   946   946   947 | Kind of State-local non-501c None apply 501c non-g | ovt. Third-party sick pay (Check if applicable) |
| G Total number of Forms W-2 d Establishment number  | 1 Wages, tips, other compensation                  | 2 Federal income tax withheld<br>8.4            |
| e Employer identification number  | 3 Social security wages                            | 4 Social security tax withheld                  |
| f Employer's name   | 5 Medicare wages and tips                          | 6 Medicare tax withheld                         |
|   | 7 Social security tips                             | 8 Allocated tips                                |
|   | 9  | 10 Dependent care benefits                      |
| g Employer's address and ZIP code   | 11 Nonqualified plans                              | 12a Deferred compensation                       |
| h Other EIN used this year  | 13 For Third-party sick pay use only               | 126   |
| 15 State Employer's state LD, number  | 14 Income tax withheld by payer of third-party sid | ck pay  |
| 16 State wages, tips, etc. 17 State income tax  | 18 Local wages, tips, etc.                         | 19 Local income tax                             |
| Contact Person  | Telephone number                                   | For Official Use Only                           |
| Fax number<br>( 775 )   | E-mail address                                     | 1   |

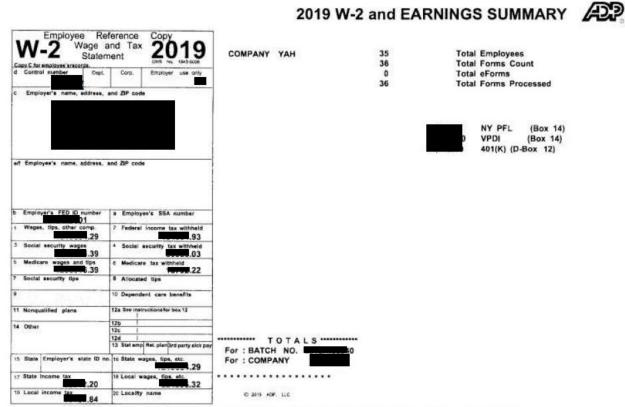
Form W-3 Transmittal of Wage and Tax Statements

2019

Department of the Treasury Internal Revenue Service

REV 12/23/19 OSP





Balancing Form W-2/W-3 Totals to the Wage and Tax Register