

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. MATTHEW ANDERSON 30 PEYTON PLACE NEWARK, DE 19711			11 Nonqualified plans		12a C o o l l e	
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C o o l l e	
			14 Other		12c C o o l l e	
					12d C o o l l e	
f Employee's address and ZIP code						
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