	a Employee's social security number 5 6 0 - 7 9 - 3 6 XX	OMB No. 1545-0008	**Safe, accurate, FAST! Use** — Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN) 1 2 3 4 5 6 7 8 9 MARK	**1** Wages, tips, other compensation 18,240	**2** Federal income tax withheld 1,418
c Employer's name, address, and ZIP code Market st floor 4 450 Hackensack A Bradenton FL 34207	**3** Social security wages 18,240	**4** Social security tax withheld 1,131
	5 Medicare wages and tips 18,240	**6** Medicare tax withheld 264
	7 Social security tips	**8** Allocated tips
d Control number	**9** Verification code	**10** Dependent care benefits
e Employee's first name and initial: Jose — Last name: Practica — Suff.	**11** Nonqualified plans	**12a** See instructions for box 12 Code
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code
123 Main St ORLANDO FL 32822	**14** Other	**12c** Code
		12d Code
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
		0			0	
		0	0			

Form W-2 Wage and Tax Statement 2018 — Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.