

<b>d</b> Control Number 14314	<b>1</b> Wages, tips, other compensation 5534.20	<b>2</b> Federal income tax withheld 6.65
OMB No. 1545-0008	<b>3</b> Social security wages 5534.20	<b>4</b> Social security tax withheld 343.09
	<b>5</b> Medicare wages and tips 5534.20	<b>6</b> Medicare tax withheld 80.25

**c** Employer's name, address and ZIP code  
**FOX VALLEY PARK DISTRICT**  
**101 WILLINOIS AVENUE**  
**AURORA, IL 60506**

<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>9</b>
<b>10</b> Dependent care benefits	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12
<b>12b</b>	<b>12c</b>	<b>12d</b>

**b** Employer's identification number (EIN) **36-6001059**      **a** Employee's social security number **329-11-5161**

<b>13</b> Statutory employee	<b>Retirement plan</b>	<b>Third-party sick pay</b>	<b>14</b> Other
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**e** Employee's name, address and ZIP code      Suff.  
**KAMINI SINGH**  
**2420 FORSYTH LN**  
**AURORA, IL 60502**

<b>2019</b>	<b>15</b> State Employer's state I.D. No. IL 36-6001059	<b>16</b> State wages, tips, etc. 5534.20
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<b>Form W-2</b> Wage and Tax Statement	<b>17</b> State income tax 40.69	<b>18</b> Local wages, tips, etc.
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<b>Copy 2 - To Be Filed With Employee's State, City or Local Income Tax Return</b>	<b>19</b> Local income tax	<b>20</b> Locality name
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Department of the Treasury-Internal Revenue Service

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