

Martin E. Neal
16700 S. 72nd
Hickman, NE 68372
(402) 770-4992

February 6, 2019

Lancaster County Board of Commissioners
555 S. 10th Street
Lincoln, NE 68508

To Whom It May Concern,

Please find enclosed my completed application for the pending vacant position on the Lancaster County Veterans Service Committee.

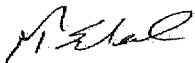
I have been a member of the Nebraska Army National Guard and United States Army since January 18, 1988 and I am currently a commissioned field grade officer serving on Full-Time National Guard duty in Lincoln Nebraska. As such, I have an expressed interest in veteran's issues.

I have served as both a battalion and brigade level personnel manager with the Nebraska Army National Guard and have knowledge of local, federal, and state veteran's benefits available to current and former military members. I have provided advice on and assistance with veteran's benefits and corrections to official military records through the Army Board for Corrections of Military Records. Additionally, I facilitated casualty notification and assistance efforts across the State numerous times as a part of my assigned duties.

I am an active member and current commander of the American Legion Post #105 in Hickman and the current County vice-commander for Lancaster County. I also have served as the secretary to the National Guard Association of Nebraska Board of Governors. As a member of the National Guard Association, I spearheaded a letter writing campaign in Western Nebraska to petition support from Nebraska's Congressional Delegation to reduce retirement age for Reserve Component Members in 2001. I am also a life member of the Veterans of Foreign Wars, the Association of the United States Army, the National Guard Association and am an annual member of the Air Force Association and the Civil Air Patrol.

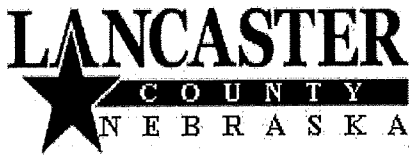
Please feel free to contact me if you have any further questions regarding my application.

Sincerely,



Martin E. Neal

Encl: Application
Letter of Recommendation
Resume
Proof of Service
Proof of Residency



APPOINTMENT APPLICATION TO COUNTY ADVISORY BOARDS, COMMISSIONS AND TASK FORCES

The Lancaster County Board of Commissioners appoints citizens to various advisory boards, commissions and task forces.

If you are interested in volunteering please complete the following application. If interested in more than one opportunity please number your selections in order of preference. When completed, click the "Submit" button. Applications will be kept on file in the County Board Office. County Elected Officials and Department Directors will have access to applications as necessary, with the County Board having final discretion regarding appointments.

You are welcome to submit a resume as well, but it is not required. The resume may be sent by email: commish@lancaster.ne.gov, or by mail to: Lancaster County Board of Commissioners, 555 S. 10 Street, Lincoln, NE 68508

At any time you may update your information or ask to be removed from consideration. For additional information please call 402-441-7447.

Personal Information

Name	MARTIN E. NEAL
Address	16700 S 72ND STREET, HICKMAN NE 68372
Phone Number(s)	402.770.4992
Job Title	COMMISSIONED OFFICER
Business Name	NEBRASKA NATIONAL GUARD
Business Address	2433 NW 24TH STREET, LINCOLN NE 68524
Business Phone	402.309.8360
Email address	MENEAL1970@GMAIL.COM

Education

	Location	Dates	Major/Degree
High School	NORTH PLATTE SR HIGH	MAY 1989	DIPLOMA
College	DOANE COLLEGE	MAY 2001	BS - PUBLIC ADMIN
Other	UNO	PRESENT	MA - PUBLC ADMIN/EM MGMT

Employment

		Location	Dates
Current Employer	NEBRASKA NATIONAL GUARD	LINCOLN	PRESENT
Past Employer			
Past Employer			
Student			
Retired			

Present or Previous Community/Volunteer Activities

Active as a leader in civic organizations to include: Hickman American Legion Post #105 (Commander since 2013); Lancaster County American Legion (Vice Commander since 2016); Member, Lancaster County Veterans Service Advisory Committee (since 2014; 5 year appointment by the Lancaster County Board of Commissioners); Life member of the VFW, NGA-NE (I served for 5 years as the secretary from 2006-2011), NGAUS, and AUSA. Annual member of the AFA.

Number your choices in order of preference.

Justice & Law Enforcement

_____ Indigent Defense Advisory Committee

Planning & Development

_____ Lancaster County Board of Zoning Appeals
_____ Lincoln-Lancaster County Planning Commission

Health & Human Services

_____ Lincoln-Lancaster County Board of Health
_____ Aging Partners Areawide Advisory Council
XXXXX Veterans Service Committee (*Must be an active duty wartime veteran*)
_____ Mental Health Crisis Center Advisory Committee (please note if you are a professional, consumer, or family member: _____)

Recreation

_____ Parks & Recreation Advisory Board

Tourism

_____ Visitors Promotion Advisory Committee

Environment

_____ Air Pollution Control Advisory Board

General Government

_____ Budget Monitoring Committee
_____ Keno/Human Services Advisory Committee
_____ Lancaster County Personnel Policy Board
_____ Public Building Commission

Agriculture

_____ Lancaster County Extension Board

Hospital Authority No. 1

_____ Board of Trustees

Library

_____ County Liaison to Lincoln Library Board * Please complete an application found at:

http://lincolnlibraries.org/wp-content/uploads/2014/09/Application-County_Representative_to_Library_Board.pdf



American Legion Post #105
PO Box 263, 106 Locust Street
Hickman, NE 68372

February 1st, 2019

Lancaster County Board of Commissioners
555 S. 10th Street
Lincoln, NE 68508

To Whom It May Concern,

It is with great pleasure that I recommend Martin E. Neal to you as a candidate to fill the pending vacant position on the Lancaster County Veterans Service Advisory Committee.

Martin currently serves as the Commander of the Hickman American Legion Post #105 in Hickman, Nebraska and as the Lancaster County Vice-Commander, American Legion Department of Nebraska. He shows sincere dedication to not only the members of this post, but to all veterans in our community. He is firmly committed to the four pillars of the American Legion: Veteran's Affairs and Rehabilitation, National Security, Americanism, and Children and Youth. He provides leadership in the accomplishment of the Post's objectives to increase community involvement and awareness of Veteran's issues in our area and he strives to make our Post a viable part of our community.

Martin brings and offers a wealth of knowledge and experience to the Lancaster County Veterans Service Committee and his selection would be of great benefit to all Veteran's in Lancaster County.

Sincerely,

Darrell Vermaas
Post Adjutant
(402) 430-4620

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) NEAL MARTINE EUGENE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNG/TC		3. SOCIAL SECURITY NO [REDACTED]				
4.a GRADE, RATE, OR RANK CPT		4.b PAY GRADE O3		5. DATE OF BIRTH (YYYYMMDD) [REDACTED]				
7.a PLACE OF ENTRY INTO ACTIVE DUTY LINCOLN, NE			6. RESERVE OBLIG. TERM. DATE Year 2026 Month 08 Day 31					
7.b HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) 668 GARFIELD STREET LINCOLN NE 68508			8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND 41ST SUPPORT CENTER (RAOC)					
8.b STATION WHERE SEPARATED LINCOLN, NE			9. COMMAND TO WHICH TRANSFERRED 41ST SUPPORT CENTER (RAOC) LINCOLN NE685081096					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 88A TRANSPORTATION--4YRS-11MOS//NOTHING FOLLOWS			10. SGLI COVERAGE <input type="checkbox"/> NONE Amount: \$ 250,000					
			12. RECORD OF SERVICE			Year(s)	Month(s)	Day(s)
			a. Date entered AD This Period			2003	02	10
			b. Separation Date This Period			2004	03	24
			c. Net Active Service This Period			0001	01	15
			d. Total Prior Active Service			0003	03	29
			e. Total Prior Inactive Service			0011	08	22
			f. Foreign Service			0000	11	26
			g. Sea Service			0000	00	00
h. Effective Date of Pay Grade			2002	10	15			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) BRONZE STAR MEDAL//ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL//ARMY RESERVE COMPONENTS ACHIEVEMENT MEDAL (4TH AWARD)//NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD)//MILITARY OUTSTANDING VOLUNTEER SERVICE MEDAL//ARMED FORCES RESERVE MEDAL//ARMED FORCES RESERVE MEDAL W/M DEVICE//ARMY SERVICE RIBBON//ARMY RESERVE COMPONENTS OVERSEAS TRAINING RIBBON//EXCELLENCE IN COMPETITION BADGE RIFLE (BRONZE)//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NOTHING FOLLOWS								
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) NONE//NOTHING FOLLOWS								
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT				
			X					
				Yes	No			
16. DAYS ACCRUED LEAVE PAID				NONE				
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					Yes	X	No	
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//SOLDIER COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST-SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM//AW-10 USC 12302//SERVICE IN IRAQ/KUWAIT: 20030324-20040319//NOTHING FOLLOWS								
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 668 GARFIELD STREET LINCOLN, NE 68508			19.b NEAREST RELATIVE (Name and address include Zip Code) MARNA A NEAL 668 GARFIELD STREET, LINCOLN, NE 68508					
20. MEMBER REQUESTS COPY 6 BE SENT TO NE DIR OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) RICHARD BURCH, CSM, ARB, LINCOLN, ARNG					
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]								
SPECIAL ADDITIONAL INFORMATION (for use by authorized agencies only)								
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE					
25. SEPARATION AUTHORITY AR 1635-200, CHAP 4			26. SEPARATION CODE L8K		27. REENTRY CODE NA			
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE								
29. DATES OF TIME LOST DURING THIS PERIOD NONE					30. MEMBER REQUESTS COPY 4 <input type="checkbox"/> <input checked="" type="checkbox"/> (Initials) [Initials]			

a. Employee's Social Security Number ██████████		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 25-██████████		d. Control Number		1 Wages, Tips, and other compensation		2 Federal Income Tax withheld	
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social Security Wages		4 Social Security Tax withheld	
				5 Medicare Wages and Tips		6 Medicare Tax withheld	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931				9 ██████████		10 Dependent Care Benefits	
				12 See instructions for box 12 D 14		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan	
15 State NE	Employer's State ID Number 21003040764	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Form **W-2** Wage and Tax Statement **2014**

Department of the Treasury - Internal Revenue Service
Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number ██████████		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 25-██████████		d. Control Number		1 Wages, Tips, and other compensation		2 Federal Income Tax withheld	
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social Security Wages		4 Social Security Tax withheld	
				5 Medicare Wages and Tips		6 Medicare Tax withheld	
				7 Social Security tips		8 Allocated Tips	
e. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931				9 ██████████		10 Dependent Care Benefits	
				12 See instructions for box 12 D 14		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan	
f. Employee's address and ZIP code							
15 State NE	Employer's State ID Number 21003040764	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Form **W-2** Wage and Tax Statement **2014**

Department of the Treasury - Internal Revenue Service
Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

a Employee's social security number ██████████		OMB No. 1545-0008				
b Employer identification number ██████████		d Control number		1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
e Employee's name, address, and ZIP code MARTIN E NEAL D2NGUARD 4931		9 Advance EIC payment		10 Dependent care benefits		
		12 See instructions for box 12 D 15		14 See instructions for box 14		
		13 <input type="checkbox"/> Statutory employee		<input checked="" type="checkbox"/> Retirement Plan		<input type="checkbox"/> Third party sick pay
15 State NE	Employer's state ID number ██████████	16 State wages, tips, etc.		18 Local wages, tips, etc	19 Local income tax	20 Locality name
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

Form **W-2 Wage and Tax Statement 2015** Department of the Treasury - Internal Revenue Service
 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a Employee's social security number ██████████		OMB No. 1545-0008				
b Employer identification number 35-999999		d Control number		1 Wages, tips, other compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
e Employee's name, address, and ZIP code MARTIN E NEAL D2NGUARD 4931		9 Advance EIC payment		10 Dependent care benefits		
		12 See instructions for box 12 D 15		14 See instructions for box 14		
		13 <input type="checkbox"/> Statutory employee		<input checked="" type="checkbox"/> Retirement Plan		<input type="checkbox"/> Third party sick pay
15 State NE	Employer's state ID number 21000110561	16 State wages, tips, etc.		18 Local wages, tips, etc	19 Local income tax	20 Locality name
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

Form **W-2 Wage and Tax Statement 2015** Department of the Treasury - Internal Revenue Service
 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b. Employer's Identification Number (EIN) d. Control Number [REDACTED]		1 Wages, Tips, and other compensation			2 Federal Income Tax withheld		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410		3 Social Security Wages			4 Social Security Tax withheld		
		5 Medicare Wages and Tips			6 Medicare Tax withheld		
		7 Social Security tips			8 Allocated Tips		
e. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931		9 [REDACTED]			10 Dependent Care Benefits		
		12 See instructions for box 12 D 16			14 See instructions for box 14		
		13 <input type="checkbox"/> Statutory Employee			<input checked="" type="checkbox"/> Retirement Plan		<input type="checkbox"/> Third-party sick pay
15 State NE	Employer's State ID Number [REDACTED]	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Department of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax Statement **2016**

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b. Employer's Identification Number (EIN) d. Control Number [REDACTED]		1 Wages, Tips, and other compensation			2 Federal Income Tax withheld		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410		3 Social Security Wages			4 Social Security Tax withheld		
		5 Medicare Wages and Tips			6 Medicare Tax withheld		
		7 Social Security tips			8 Allocated Tips		
e. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931		9 [REDACTED]			10 Dependent Care Benefits		
		12 See instructions for box 12 D 16			14 See instructions for box 14		
		13 <input type="checkbox"/> Statutory Employee			<input checked="" type="checkbox"/> Retirement Plan		<input type="checkbox"/> Third-party sick pay
15 State NE	Employer's State ID Number [REDACTED]	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Department of the Treasury - Internal Revenue Service

Form **W-2** Wage and Tax Statement **2016**

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number 500-00-0504		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) d. Control Number 35-0000000		1 Wages, Tips, and other compensation		2 Federal Income Tax withheld		
c. Employer's Name, Address, and ZIP Code DFAS ATTN: DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410		3 Social Security Wages		4 Social Security Tax withheld		
		5 Medicare Wages and Tips		6 Medicare Tax withheld		
		7 Social Security tips		8 Allocated Tips		
e/f. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931		9		10 Dependent Care Benefits		
		12 See instructions for box 12 D 17		14 See instructions for box 14		
		13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan		<input type="checkbox"/> Third-party sick pay
15 State NE	Employer's State ID Number 01-00048764	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
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

Form **W-2** Wage and Tax Statement **2017**

Department of the Treasury - Internal Revenue Service
Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number 500-00-0504		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) d. Control Number 35-0000000		1 Wages, Tips, and other compensation		2 Federal Income Tax withheld		
c. Employer's Name, Address, and ZIP Code DFAS ATTN: DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410		3 Social Security Wages		4 Social Security Tax withheld		
		5 Medicare Wages and Tips		6 Medicare Tax withheld		
		7 Social Security tips		8 Allocated Tips		
e. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931		9		10 Dependent Care Benefits		
		12 See instructions for box 12 D 17		14 See instructions for box 14		
		13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan		<input type="checkbox"/> Third-party sick pay
f. Employee's address and ZIP code						
15 State NE	Employer's State ID Number 01-00048764	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
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

Form **W-2** Wage and Tax Statement **2017**

Department of the Treasury - Internal Revenue Service
Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) [REDACTED]		d. Control Number		1 Wages, Tips, and other compensation	2 Federal Income Tax withheld		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social Security Wages		4 Social Security Tax withheld	
				5 Medicare Wages and Tips		6 Medicare Tax withheld	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931				9 [REDACTED]		10 Dependent Care Benefits	
				12 See instructions for box 12 D 18		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan	
15 State NE	Employer's State ID Number [REDACTED]	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Form **W-2** Wage and Tax Statement **2018**

Department of the Treasury - Internal Revenue Service

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number [REDACTED]		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) [REDACTED]		d. Control Number		1 Wages, Tips, and other compensation	2 Federal Income Tax withheld		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social Security Wages		4 Social Security Tax withheld	
				5 Medicare Wages and Tips		6 Medicare Tax withheld	
				7 Social Security tips		8 Allocated Tips	
e. Employee's Name, Address, and ZIP Code MARTIN E NEAL D2NGUARD 4931				9 [REDACTED]		10 Dependent Care Benefits	
				12 See instructions for box 12 D 18		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee		<input checked="" type="checkbox"/> Retirement Plan	
f. Employee's address and ZIP code							
15 State NE	Employer's State ID Number [REDACTED]	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
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	

Form **W-2** Wage and Tax Statement **2018**

Department of the Treasury - Internal Revenue Service

Copy 2 To be Filed With Employee's State, City, or Local Income Tax Return