	E	Employe	e l	Refe	erenc	e		Сору	
			Wage	a	and	Tax			
١,	1 2		Statemen	t				2018	
W-2									
Сор	y C for employ		š.				OME	3 No. 1545-0008	
d	Control numb	oer	Dept.	Cor	р.			Employer use or	
983	88482		150				Α		36
С	Employer's r	name, addr	ess, and ZIP	code	•				
	Davies	, Wri	ght and	Ga	rcia	Group	9		
	13526	Beth I	Roads						
	Gloriaville KY			6471	6-577	4			
	0								
				R:	atch		1	#02021	
e/f	Employees r	name, addr	ess and ZIP of	ode					
		-	Daniels						
		Gail Pa							
		fichael	la UI	4	7142	-8947			
	0								
b	Employer's I		nber	а	Emple	yee's SS			
	25-20699	06					084	-54-1804	
1	Wages, tips,		p.	2	Feder	al income			
	40577.43	1					554	7.33	
3	Social securi	ity wages		4	Socia	security	tax wi	thheld	
	33094.23	1					253	1.71	
5	Medicare wa	4i-			Madia	are tax w	ما ما ما ما		
3	37818.91		15	٥	Medic	are tax w		6.75	
7	Social securi			8	Alloca	ted tips	270	18.91	
9	Verification 0	Code		10	Depe	ndent car	e bene	efits	
	· ·						1/1		
11	Nonqualified	l plans		12a	See i	nstruction	s for b	oox 12	
	224				F		733	9	
14	Other			12b			844		
				12d			498		
						Ret. Plan		arty sick pay	
					0	0		0	
15	State	Employers 874-43-7	state ID no.	16	State	wages, t		c. 13.63	
17	State incom	ne tax		18	Loca	l wages, t		tc. 06.76	
	1/33.39			Ĭ			407	30.70	
19	Local incon	ne tax		20	Loca	lity name		othy Pass	
	5621.39								

## 2018 W-2 and EARNINGS SUMMARY



This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

## 1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	48656.47	Social Security Tax Withheld Box 4 of W-2	2531.71	CT.State Income Tax Box 17 of W-2 Local Income Tax	1733.39 5621.39
		200 4 01 11 2		Box 19 of W-2	50E 1.55
Fed. Income	5547.33	Medicare Tax	1096.75		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SUI/SDI/FLI Box 14 of W-2	

## 2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other	Social Secur Medicare		CT.State Wages,	Timothy Pass	
	Compensation Box 1 of W-2	Wages Box 3 of W-	Wages 2 Box 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2	
Gross Pay	48656.47	48656	48656.47	48656.47	48656.47	
Plus GTL (C-Box 12)	7339	7339	7339	7339	7339	
Less 401(k) (D-Box 2) Less Other Café 125	844 5547.33	N/A 5547.33	N/A 5547.33	844 5547.33	N/A 5547.33	
Reported W-2 Wages	40577.43	40577.43	40577.43	40577.43	40577.43	

## 3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

Jeffrey Daniels	Social Security Number: Taxable Marital Status:	084-54-1 MARRIE
4419 Gail Park	Exemptions/Allowances: FEDERAL: 4	
	STATE: 4	
Gloriaville KY 647	LOCAL:	

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1	Wages, tips, other comp. 40577.43		2 Feder	2 Federal income tax withheld 5547.33			
3	Social security wages	4 Socia	security 1	tax withheld 2531.71			
5	Medicare wages and	tins	6 Medic	are tax wi	thheld		
-	37818.91				1096.75		
d	Control number	Dept.	Corp.		Employer use	only	
983	38482	150			Α	36	
С	Employer's name, ad	dress, and ZIP	code				
	Davies, Wr:	ight and	Garcia	Groun	•		
	13526 Beth						
	Gloriaville						
	GIOTIAVILLE	e KY	64/1	6-5774	•		
b	Employer's FED ID no	umber	a Emplo	yee's SS/	A number		
	25-2069906				0		
7	Social security tips		8 Alloca				
1	33094.23		8 Alloca	ted tips	37818.91		
	-3034.23						
9	Verification Code		10 Depe	ndent care			
	0				171		
11	Nonqualified plans		12a Sonii	netruction	s for box 12		
•	224		.2a 566 II	12a See instructions for box 12			
			F		7339		
14	Other		12b				
			12c				
			12d 13 Stat emp.		434 3rd party sick pay		
			13 Stat emp. 0	0	O 0		
	Jeffrey 4419 Gail 1 Port Michae		r 47142	-8947			
15	State Employe 74-43-	rs' state ID no. 750	16 State	wages, ti	ips, etc. 22313.63		
17	State income tax		18 Loca	l wages, t	ips. etc.		
	1733.39				48706.76		
	Local income tax		20 Loca	liter man:			
10			20 LOCA	lity name	Timothy Pass		
19	5621.39						
19		al	Filing		Сору		
19	5621.39		Filing	Tax	Сору		
19	5621.39	Wage	and	Tax			
19 <b>V</b>	5621.39		and	Tax	Сору <b>2018</b>		

1	Wages, tips, other comp. 40577.43	2 Federal income tax withheld 5547.33	1	Wages, tips, o 40577.	
3	Social security wages 33094.23	4 Social security tax withheld 2531.71		Social security 33094.	
5	Medicare wages and tips 37818.91	6 Medicare tax withheld 1096.75		Medicare wages and tips 37818.91	
	Control number Dept.	Corp. Employer use only	d	Control number	r
	8482 150	A 36		38482	
С	Employer's name, address, and ZIP		С	Employer's na	
	Davies, Wright an	d Garcia Group		Davie	es, Wrig
	13526 Beth Roads			1352	Beth R
	Gloriaville KY	64716-5774			iaville
b	Employer's FED ID number	a Employee's SSA number	b	Employer's FI	ED ID number
	25-2069906	0		25-206	
7	Social security tips 33094.23	8 Allocated tips 37818.91	7	Social securit	
	33094.23	3/818.91		33094.	23
9	Verification Code	10 Dependent care benefits	9	Verification Co	ode
	0	171			0
11	Nongualified plans	12a See instructions for box 12	11	Nongualified	nlane
•••	224	12a See ilisti detions for box 12		224	piario
		F   7339			
14	Other	12b   844	14	Other	
		12c   498 12d   434			
		13 Stat emp. Ret. Plan 3rd party sick pay			
		0 0 0			
e/f	Employees name, address and ZIP of	ode	e/f	Employees na	me, address a
	Jeffrey Daniel	s		Jeff	rey D
	4419 Gail Park			4419	Gail Pa
	Port Michaela	UT 47142-8947		Port	Michael
	0	01 1/11 <u>2</u> 031/			0
15	State Employers' state ID n	16 State wages, tips, etc.	15	State	Employers'
	CT 74-43-750	22313.63		CT	74-43-750
_					
17	State income tax 1733.39	18 Local wages, tips, etc. 48706.76	17	State income 1733.3	
	1733.39	48706.76		1733.3	•
19	Local income tax	20 Locality name	19	Local income	
	5621.39	Timothy Pass		5621.3	9
_	CT.State	Filing Copy			City or Loc
					. ,00
	Anc/W				
	Wage	ont			
٧	V-2 Statem		٧	V-2	8

40577.43	5547.33					
3 Social security wages 33094.23	4 Social security tax withheld 2531.71					
5 Medicare wages and tips 37818.91	6 Medicare tax withheld 1096.75					
d Control number Dept.	Corp. Employer use only					
9838482 150	A 36					
c Employer's name, address, and ZIP						
Davies, Wright an	d Garcia Group					
13526 Beth Roads						
Gloriaville KY	64716-5774					
b Employer's FED ID number	a Employee's SSA number					
25-2069906	0					
7 Social security tips 33094.23	8 Allocated tips 37818.91					
33094.23	3/616.91					
9 Verification Code	10 Dependent care benefits					
0	171					
11 Nonqualified plans	12a See instructions for box 12					
224	12a See ilistractions for box 12					
	F   7339					
14 Other	12b   844					
	12c   498 12d   434					
	13 Stat emp. Ret. Plan 3rd party sick pay					
	0 0 0					
e/f Employees name, address and ZIP c	ode					
Jeffrey Daniel	5					
4419 Gail Park						
Port Michaela	UT 47142-8947					
0						
15 State Employers' state ID no	16 State wages, tips, etc.					
CT 74-43-750	22313.63					
17 State income tax	18 Local wages, tips, etc.					
1733.39	48706.76					
19 Local income tax	20 Locality name					
5621.39	Timothy Pass					
0:- 1 1	L					
City or Local						
Wage						
W-2 Statement	ent <b>2018</b>					
Copy 2 to be filed with employee's City or Local Income Tax Return OMB No. 1545-0008						

2 Federal income tax withheld