		Employe	e f	Refe	erenc	е		Сору		
ı			Wage	a	and	Tax				
M	V-2		Statemen	t			-	2018		
V	V-Z									
	y C for employ						OME	3 No. 1545-		
	Control num	ber	Dept. 150	Cor	p.		Α	Employ	er use only	36
5/2	21230		150				~			36
С			ess, and ZIP	code	•					
	Mille	r-John:	son Ltd							
	3347 1	Ramire	z Flat S	ui	te 2	59				
	Goodw:	instad	WI 76	11	4-54	57				
	0									
ı				Ва	atch			#02021		
e/f	Employees	name, addr	ess and ZIP of	ode						
		Richa								
			in Parkw	-	-		5			
			LA 634	69	-757	6				
	0									
b	Employer's		nber	а	Emple	oyee's SS				
	27-3095	380					586	-99-9922		
1	Wages, tips,		p.	2	Feder	al income				
ı	133604.0	9					444	86.01		
3	Social secur	ity wages		4	Socia	I security	tax wi	thheld		
ı	139432.	75					106	66.61		
5	Medicare wa	41			Madia	are tax w	*****************			
1	154099.8		JS	٥	medic	die lax w	446			
7	Social secur			8	Alloca	ited tips	154	099.89		
9	Verification	Code		10	Depe	ndent car	e bene 273	efits		
	U						2/3			
11	Nonqualifie	d plans		12a	See i	nstruction	s for I	oox 12		
	277						572	2		
14	Other			12b			423			
				12d			500 1 445			
						Ret. Plan		arty sick pay		
					×	0		×		
15	State NM	Employers 994-57-5	state ID no.	16	State	wages, t		c. 96.33		
_				L						
17	State incon	ne tax		18	Loca	ıl wages,		tc. 789.46		
	4902.87			1			119	709.40		
19	Local incor			20	Loca	lity name				
	20460.7							dlev Cli		

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	188756.7	Social Security Tax Withheld Box 4 of W-2	10666.61	NM.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	4902.87 20460.71
Fed. Income	44486.01	Medicare Tax	4468.9		
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	NM.State Wages,	Bradley Cliff	
	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages Pox 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2	
Gross Pay	188756.71	2E+05	188756.7	188756.7	188756.7	
Plus GTL (C-Box 12)	5722	5722	5722	5722	5722	
Less 401(k) (D-Box 2) Less Other Café 125	423 44486.01	N/A 44486.01	N/A 44486.01	423 44486.01	N/A 44486.01	
Reported W-2 Wages	133604.09	133604.09	133604.09	133604.09	133604.09	

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

 Renee
 Richardson
 Social Security Number.

 1583 Franklin
 Parkways Apt. 185
 Exemptions Allowances

 Goodwinstad
 WI
 76114-5
 LOCAL:

© 2018 ADP, LLC

1	Wages, tips, other com 133604.09	٥.	2 Feder	al income	tax withheld 44486.01	
3	Social security wages 139432.75		4 Socia	l security t	ax withheld	
5	Medicare wages and tip	_	6 Medic	are tax wit		
5	154099.89	5	6 Medic	are tax wi	4468.9	
_						_
d	Control number	Dept.	Corp.		Employer use o	
572 C	21230 Employer's name, addr	150			A	36
	Miller-Johns 3347 Ramirez Goodwinstad	on Ltd	uite 2			
b	Employer's FED ID nun 27-3095380	nber	a Empl	oyee's SSA	A number 0	
7	Social security tips 139432.75		8 Alloca	ited tips	154099.89	
9	Verification Code 0		10 Depe	ndent care	benefits 273	
11	Nonqualified plans 277		12a See i		s for box 12	
14	Other		12b		5722 423	
	J.1.01		120 12c		500	
			12d			
			13 Stat emp		3rd party sick pay	
			×	0	x	
	Renee Richa 1583 Frankli	rdson n Parkw			i	
	Port Joseph	LA 634				
15	State Employers' 94-57-55	LA 634 state ID no.	16 Stat		ps, etc. 61296.33	
15	0 State Employers'	LA 634 state ID no.	16 Stat		61296.33	
	State Employers' 94-57-55 State income tax	LA 634 state ID no.	16 Stat	e wages, ti	61296.33 ips, etc.	
17	O State Employers' 94-57-55 State income tax 4902.87 Local income tax	LA 634 state ID no.	16 State 18 Loca 20 Loca Filing and	e wages, ti	61296.33 ips, etc. 119789.46	

1	Wages, tips, other comp. 133604.09			2 Federal income tax withheld 44486.01						
3	Social security	wages		4 Social security tax withheld						
139432.75			10666.61							
5	Medicare wages and tips			6 Medio	are tax wit	thheld				
	154099.8	39				4468.9				
d	Control number		Dept.	Corp.		Employer use only				
_	1230		150	Ourp.		A	36			
С	Employer's nam	ne. address		ode						
		r-Johns								
	3347 I	Ramire	z Flat	Suite	259					
	Goodwa	instad	WI 7	76114-	5457					
	0									
b	Employer's FED	ID numbe	r	a Empl	oyee's SSA	number				
	27-30953	380				0				
7	Social security			8 Alloca	ted tips					
	139432.7	75				154099.89				
9	Verification Cod	la .		10 Dans	ndent care	hanatita				
9	verification Cod	ie		io Depe	nuent care	273				
	۰					2/3				
11	Nonqualified plans		12a See instructions for box 12							
	277		· · · · · · · · · · · · · · · · · · ·							
					1	5722				
14	Other			12b		423				
				12c		500				
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					Ret. Plan	3rd party sick pay				
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e/ī	Employees nam	ie, address	and ZIP C	oae						
	Renee	D: -1.	ardson							
	1583 I	rankl	in Parl	ways 1	Apt. 1	85				
	Port i	Joseph	LA 63	3469-7	576					
	۰									
	State	Employers	state ID no	16 State	e wages, ti	ps, etc.				
15		94-57-55	4			61296.33				
15	NM									
	State income t			18 Loca	al wages, t					
				18 Loca	nl wages, t	ips, etc. 119789.46				
17	State income t 4902.87	ax								
17	State income t 4902.87	ax			al wages, to	119789.46				
17	State income t 4902.87	ax								
17	State income t 4902.87 Local income t 20460.73	ax	•	20 Loca		119789.46 Bradley Cliff				
17	State income t 4902.87 Local income t 20460.73	ax	-	20 Loca	ality name	119789.46				
17	State income t 4902.87 Local income t 20460.73	ax	Wage	20 Loca Filing and		119789.46 Bradley Cliff				
17	State income t 4902.87 Local income t 20460.73	ax	-	20 Loca Filing and	ality name	Bradley Cliff Copy				
15 17 19	State income t 4902.87 Local income t 20460.73	ax	Wage	20 Loca Filing and	ality name	119789.46 Bradley Cliff				

1	Wages, tips, other comp.		2 Feder	al income	tax withheld			
	133604.09			44486.01				
3	Social security wages 139432.75	4 Social security tax withheld 10666.61						
5	Medicare wages and tips	6 Medicare tax withheld						
	154099.89				4468.9			
	Control number 1230	Dept. 150	Corp.		Employer use only A	36		
	Employer's name, address		ode		A	36		
ľ	Miller-Johns							
	3347 Ramire			259				
	GOOGWINSTAG	WΤ	76114-5	145/				
	· ·							
b	Employer's FED ID number	r	a Emplo	yee's SSA	number			
	27-3095380				0			
7	Social security tips		8 Alloca	ted tips				
ľ	139432.75				154099.89			
_	Verification Code							
9	verification Code		10 Dependent care benefits					
11	Nonqualified plans		12a See instructions for box 12					
	277		5722					
14	Other		12b		423			
			12c		500			
			12d 13 Stat emp.		445 3rd party sick pay			
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e/f	Employees name, address	and ZIP c	ode					
	Renee Richa							
			_					
	1583 Frankl:				85			
	Port Joseph	LA 63	3469-75	76				
	0							
15	State Employers	state ID no	16 State	wages, ti	ps, etc.			
	NM 94-57-55	4			61296.33			
17	State income tax		18 Loca	I wages, ti	ins. etc.			
Ι΄.	4902.87		2000		119789.46			
19	Local income tax		20 Loca	lity name				
19	20460.71		20 Loca	iity name	Bradley Cliff			
	City or Local Filing Copy							
		Wage	and	Tax				
1/	1-2	Stateme	ent		2018			
•	. –			_				
Cop	y 2 to be filed with employee's	City or Loc	al Income T	ax Return	UMB No. 1545-0008			