| | | Employe | e F | Refe | renc | e | | Сору | | |
|-----|--------------------------------|--------------|-------------------------|------|--------|-------------|----------|------------------|-------------|----|
| | | | Wage | а | nd | Tax | | | | |
| ١. | | | Statemen | it | | | _ | | | |
| V | V-2 | | | | | | 4 | 2018 | | |
| Cop | y C for employ | ee's records | i. | | | | OME | 3 No. 1545-0 | 8000 | |
| d | Control num | | Dept. | Corp |). | | | Employe | er use only | |
| 865 | 4033 | | 150 | | | | Α | | | 36 |
| _ | F | | 1710 | | | | | | | |
| С | | | ess, and ZIP Eand Wa | | | | | | | |
| | | | | | | | | | | |
| | | | on Locks | - | | | | | | |
| | New T | imothy | MT 7 | 652 | 1-9 | 346 | | | | |
| | U | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Ва | tch | | | #02021 | | |
| | | | | | | | | | | |
| e/f | Employees | name, addr | ess and ZIP of | code | | | | | | |
| | | | | | | | | | | |
| | Heath | er Bro | own | | | | | | | |
| | 81519 | Brando | on Sprin | ıg | | | | | | |
| | South | Michea | alhaven | τ | T | 04477 | -236 | 1 | | |
| | 0 | | | | | | | | | |
| b | Employer's | EED ID nun | nhor | а | Empl | oyee's SS | A num | hor | | |
| ь | 26-5179 | | iibei | d | Empi | byee s 33 | | -15-1447 | | |
| | | | | | | | | | | |
| 1 | Wages, tips, 236297.3 | | p. | 2 | Feder | al income | | ithheld 51.88 | | |
| | 230297 | , | | | | | 336 | 31.00 | | |
| 3 | Social secur | | | 4 | Socia | l security | | | | |
| | 201519. | 1.6 | | | | | 154 | 16.22 | | |
| 5 | Medicare wa | nae and tir | ne . | 6 | Modic | are tax w | rithhold | | | |
| , | 241373.0 | | ,, | ľ | meaic | ale tax w | | 9.82 | | |
| | | | | | | | | | | |
| 7 | Social secur 201519.1 | | | 8 | Alloca | ted tips | 0.4- | | | |
| | 201519.1 | | | | | | 241 | 373.01 | | |
| 9 | Verification | | | 10 | Depe | ndent ca | | efits | | |
| | 0 | | | | | | 252 | | | |
| 11 | Nonqualifie | d plans | | 12a | See i | nstruction | ns for I | oox 12 | | |
| | 228 | | | | | | | | | |
| 14 | Other | | | 12b | Н | | 225 | 8 | | |
| 14 | Otner | | | 12b | | | 886 | | | |
| | | | | 12d | | | 688 | | | |
| | | | | | | Ret. Plan | 3rd po | arty sick pay | | |
| 15 | State | Employers | state ID no. | | State | 0 wages, | tine ~ | 0 | | |
| 13 | IL | 752-44-0 | | 1.0 | Jidii | wayes, | | 236.33 | | |
| L | | | | | | | | | | |
| 17 | 17 State income tax 9617.62 | | | 18 | Loca | ıl wages, | | tc. 804.21 | | |
| | 9017.62 | | | | | | 220 | 004.21 | | |
| 19 | Local incor | | | 20 | Loca | lity name | | | | |
| 1 | 39669.64 | | | | | | Dia | z Estates | : | |

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 | 285365.5 | Social Security Tax Withheld Box 4 of W-2 | 15416.22 | IL.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2 | 9617.62 39669.64 |
|------------------------------|----------|---|----------|---|---------------------|
| Fed. Income | 33651.88 | Medicare Tax | 6999.82 | | |
| Tax Withheld Box 2 of W-2 | | Withheld Box 6 of W-2 | | SU/SD/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 | | IL.State Wages, | Diaz Estates | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|--|--|
| | 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 | 285365.47 | 3E+05 | 285365.5 | 285365.5 | 285365.5 | |
| Plus GTL (C-Box 12) | 2258 | 2258 | 2258 | 2258 | 2258 | |
| Less 401(k) (D-Box 2) Less Other Café 125 Reported W-2 Wages | 616 33651.88 236297.37 | N/A 33651.88 236297.37 | N/A 33651.88 236297.37 | 616 33651.88 236297.37 | N/A 33651.88 236297.37 | |

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

Heather Brown 81519 Brandon Spring New Timothy MT 76521-

2 Federal income tax withheld

Social Security Number: 483-15-1447
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4
LOCAL:

© 2018 ADP, LLC

1 Wages, tips, other comp.

| 1 | | Wages, tips, other comp. 236297.37 | | | 2 Federal income tax withheld 33651.88 | | | | | |
|-----|------------------------------------|---------------------------------------|--------------|------------|--|--------------------|----|--|--|--|
| 3 | Social security wages 201519.16 | | | 4 Socia | 4 Social security tax withheld 15416.22 | | | | | |
| 5 | | Medicare wages and tips 241373.01 | | | 6 Medicare tax withheld 6999.82 | | | | | |
| d | Control numb | oer | Dept. | Corp. | | Employer use on | ly | | | |
| 865 | 4033 | | 150 | | | A | 36 | | | |
| С | Employer's r | name, addr | ess, and ZIP | code | | | | | | |
| | Molina | , Hufi | and Wa | tson E | LC | | | | | |
| | 937 Ro | berts | n Locks | Apt. | 666 | | | | | |
| | | | мт 7 | - | | | | | | |
| b | Employer's F | | nber | a Empl | oyee's SS | | | | | |
| | 26-51795 | 35 | | | | 0 | | | | |
| 7 | Social secur | ity tins | | 8 Alloc | ated tips | | | | | |
| | 201519.1 | | | - 71100 | | 241373.01 | | | | |
| | | | | | | | | | | |
| 9 | Verification (| Code | | 10 Depe | ndent car | | | | | |
| | 0 | | | | | 252 | | | | |
| 11 | Nonqualified | d plans | | 12a See | nstruction | s for box 12 | | | | |
| | 228 | | | | | | | | | |
| | | | | н | | 2258 | | | | |
| 14 | Other | | | 12b | | 616 | | | | |
| | | | | 12c 12d | | 886 | | | | |
| | | | | | | 3rd party sick pay | | | | |
| | | | | 0 | 0 | 0 | | | | |
| e/f | Employees r | er Bro | own | | | | | | | |
| | 81519 | Brando | on Sprin | ng | | | | | | |
| | South | Michea | lhaven | UT | 04477- | -2361 | | | | |
| | | | | | | | | | | |
| 15 | State | | state ID no. | 16 Stat | e wages, t | | | | | |
| | IL | 52-44-05 | 3 | | | 112236.33 | | | | |
| 17 | State incom | ne tax | | 18 Loc | al wages, t | ips, etc. | | | | |
| | 9617.62 | | | 1 | | 220804.21 | | | | |
| | | | | L | | | | | | |
| 19 | 39669.64 | | | 20 Loc | ality name | Diaz Estates | | | | |
| | | Federal | | Filing | | Сору | | | | |
| | | | Wage | and | Tax | • • • | | | | |
| | | | Stateme | | | | | | | |
| | | | | | | | | | | |
| • | /-2 y B to be filed t | | | | | 2018 | | | | |

| | 236297.37 | , | | | | | 33651.88 | | | | |
|----------|--|--|---|--|--|--|---|--------------|----|--|--|
| 3 | | | | 4 Social security tax withheld | | | | | | | |
| • | 201519.16 | | | | 4 Social security tax withheld 15416.22 | | | | | | |
| 5 | | | | | 6 Medicare tax withheld | | | | | | |
| 3 | 241373.01 | | | ٥ | 6 Medicare tax withheld 6999.82 | | | | | | |
| | | • | _ | _ | | | | | | | |
| | Control number 4033 | | Dept. 150 | Corp | э. | | A Emplo | yer use only | 36 | | |
| 865 C | Employer's name | | | | | | A | | 36 | | |
| L . | | | | | | | | | | | |
| | Molina | , Huff | and V | Vat | son | PLC | | | | | |
| | 937 Rol | bertsc | n Lock | cs . | Apt. | 666 | | | | | |
| | New Ti | mothu | мт | 76 | 521. | 9346 | | | | | |
| | New 111 | mo crry | 111 | , 0 | J2.I | 2240 | | | | | |
| | 0 | | | | | | | | | | |
| b | Employer's FED | ID number | | а | Emplo | woo's SS | A number | | | | |
| | 26-517953 | | | ۳. | p. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0 | | | | |
| | | | | | | | - | | | | |
| 7 | Social security tip | os | | 8 | Alloca | ted tips | | | | | |
| | 201519.16 | 5 | | | | | 241373.01 | | | | |
| | | | | | | | | | | | |
| 9 | Verification Code | | | 10 | Depe | ndent car | e benefits | | | | |
| | 0 | | | | | | 252 | | | | |
| 11 | Nonqualified plan | | | 420 | Can i | | s for box 12 | | | | |
| | 228 | 115 | | 124 | See II | istruction | IS IOI DOX 12 | | | | |
| | 220 | | | | н | | 2258 | | | | |
| | | | | | | | | | | | |
| 14 | Other | | | 12b | | | 616 | | | | |
| 14 | Other | | | 12b 12c | | | 616 886 | | | | |
| 14 | Other | | | 12c 12d | | | 886 688 | | | | |
| 14 | Other | | | 12c 12d | at emp. | Ret. Plan | 886 | y | | | |
| | | | | 12d 12d 13 St | | | 886 688 | y | | | |
| | | o, address | and ZIP co | 12d 12d 13 St | at emp. | Ret. Plan | 886 688 3rd party sick pa | y | | | |
| | Employees name | | | 12d 12d 13 St | at emp. | Ret. Plan | 886 688 3rd party sick pa | у | | | |
| | Employees name | r Bro | wn | 12d 12d 13 Si | at emp. | Ret. Plan | 886 688 3rd party sick pa | y | | | |
| | Employees name | r Bro | wn | 12d 12d 13 Si | at emp. | Ret. Plan | 886 688 3rd party sick pa | y | | | |
| | Employees name Heathe: | r Bro | own on Spri | 12c 12d 13 Si ode | at emp. | Ret. Plan 0 | 886 688 3rd party sick pa 0 | y | | | |
| | Employees name Heather 81519 1 | r Bro | own on Spri | 12c 12d 13 Si ode | at emp. | Ret. Plan 0 | 886 688 3rd party sick pa 0 | у | | | |
| | Employees name Heathe: | r Bro | own on Spri | 12c 12d 13 Si ode | at emp. | Ret. Plan 0 | 886 688 3rd party sick pa 0 | y | | | |
| e/f | Employees name Heather 81519 South I | r Bro Brando Michea | own on Spri | 12c 12d 13 Se ode | UT | Ret. Plan 0 | 886 688 3rd party sick pa 0 | y | | | |
| e/f | Employees name Heathe: 81519 1 South 1 | r Bro Brando Michea | own on Spri ilhaver | 12c 12d 13 Se ode | UT | Ret. Plan 0 | 886 688 3rd party sick pa 0 | y | | | |
| e/f | Employees name Heathe: 81519 1 South 1 0 State IL | r Bro Brando Michea Employers | own on Spri ilhaver | 12c 12d 13 Si ode i.ng | UT State | Ret. Plan 0 | 886 688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 | у | | | |
| e/f | Employees name Heathe: 81519 1 South 1 O State IL State income tax | r Bro Brando Michea Employers | own on Spri ilhaver | 12c 12d 13 Se ode | UT State | Ret. Plan 0 | 886 688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 | у | | | |
| e/f | Employees name Heathe: 81519 1 South 1 0 State IL | r Bro Brando Michea Employers | own on Spri ilhaver | 12c 12d 13 Si ode i.ng | UT State | Ret. Plan 0 | 886 688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 | у | | | |
| e/f | Employees name Heather 81519 1 South 1 0 State IL State income ta: 9617.62 | r Bro Brando Michea Employers' 52-44-05 | own on Spri ilhaver | 12c 12d 13 So ode i.ng 16 | UT State | Ret. Plan 0 0447 | 886 688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 tips, etc. 220804.21 | у | | | |
| e/f | Employees name Heathe: 81519 South 1 0 State | r Bro Brando Michea Employers' 52-44-05 | own on Spri ilhaver | 12c 12d 13 Si ode i.ng | UT State | Ret. Plan 0 | 886 688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 tips, etc. 220804.21 | | | | |
| e/f | Employees name Heather 81519 1 South 1 0 State IL State income ta: 9617.62 | r Bro Brando Michea Employers' 52-44-05 | own on Spri ilhaver | 12c 12d 13 So ode i.ng 16 | UT State | Ret. Plan 0 0447 | 886 688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 tips, etc. 220804.21 | | | | |
| e/f | Employees name Heathe: 81519 South I | r Bro Brando Michea Employers' 22-44-05 X | own on Spri 11haver state ID no 3 | 12c 12d 13 So ode ing 1 | UT State Loca | Ret. Plan 0 0447 | 886 1688 1688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 ips, etc. 220804.21 Diaz Estat | | | | |
| e/f | Employees name Heathe: 81519 South I | r Bro Brando Michea Employers' 52-44-05 | own on Spri 11haver state ID no 3 | 12c 12d 13 Score ing 16 18 | UT State | Ret. Plan 0 0447 e wages, till | 886 688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 tips, etc. 220804.21 | | | | |
| e/f | Employees name Heathe: 81519 South I | r Bro | own on Spri alhaver state ID no 3 | 12c 12d 13 Scode 1 16 18 20 | UT State | Ret. Plan 0 0447 e wages, till | 886 1688 1688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 ips, etc. 220804.21 Diaz Estat | | | | |
| e/f | Employees name Heathe: 81519 3 South 1 0 State State income ta 9617.62 Local income ta 39669.64 | r Bro | own on Spri 11haver state ID no 3 | 12c 12d 13 Scode 1 16 18 20 | UT State | Ret. Plan 0 0447 e wages, till | 886 688 3rd party sick pa 0 0 0 0 0 0 0 0 0 | es | | | |
| e/f | Employees name Heathe: 81519 South I | r Bro | own on Spri alhaver state ID no 3 | 12c 12d 13 Scode 1 16 18 20 | UT State | Ret. Plan 0 0447 e wages, till | 886 1688 1688 3rd party sick pa 0 7-2361 ips, etc. 112236.33 ips, etc. 220804.21 Diaz Estat | es | | | |

| 1 | Wages, tips, other comp. 236297.37 | 2 Federal income tax withheld 33651.88 | | | | | |
|--|--|--|--|--|--|--|--|
| 3 | Social security wages | 4 Social security tax withheld | | | | | |
| ľ | 201519.16 | 15416.22 | | | | | |
| 5 | Medicare wages and tips | 6 Medicare tax withheld | | | | | |
| | 241373.01 | 6999.82 | | | | | |
| d | Control number Dept. | Corp. Employer use only | | | | | |
| | 4033 150 | A 36 | | | | | |
| С | Employer's name, address, and ZIF | code | | | | | |
| | Molina, Huff and | Watson PLC | | | | | |
| | 937 Robertson Lo | | | | | | |
| | New Timothy MT | - | | | | | |
| | New Timothy MT | 76521-9346 | | | | | |
| | · · | | | | | | |
| b | Employer's FED ID number | a Employee's SSA number | | | | | |
| | 26-5179535 | 0 | | | | | |
| \perp | | | | | | | |
| 7 | Social security tips | 8 Allocated tips | | | | | |
| 1 | 201519.16 | 241373.01 | | | | | |
| 9 | Verification Code | 10 Dependent care benefits | | | | | |
| 1 | 0 | 252 | | | | | |
| <u>. </u> | | | | | | | |
| 11 | Nonqualified plans 228 | 12a See instructions for box 12 | | | | | |
| | 220 | н 2258 | | | | | |
| 14 | Other | 12b 616 | | | | | |
| | | 12c 886 | | | | | |
| | | 12d 688 | | | | | |
| | | 13 Stat emp. Ret. Plan 0 0 0 | | | | | |
| e/f | Employees name, address and ZIP | | | | | | |
| ٠, | Employees name, address and En | | | | | | |
| | Heather Brown | | | | | | |
| | 81519 Brandon Sp | ring | | | | | |
| | | en UT 04477-2361 | | | | | |
| | South Michealnave | en UT U44//-2361 | | | | | |
| | 0 | | | | | | |
| 15 | State Employers' state ID | no 16 State wages, tips, etc. | | | | | |
| | IL 52-44-053 | 112236.33 | | | | | |
| L_ | | | | | | | |
| 17 | State income tax 9617.62 | 18 Local wages, tips, etc. 220804.21 | | | | | |
| | 9017.02 | 220004.21 | | | | | |
| 19 | Local income tax | 20 Locality name | | | | | |
| | 39669.64 | Diaz Estates | | | | | |
| \vdash | O'the seal of the | Filling Ones | | | | | |
| | City or Local | Filing Copy | | | | | |
| | Wage | e and Tax | | | | | |
| ۱۸ | I-2 Staten | nent 2018 | | | | | |
| | - | _0.0 | | | | | |
| Cop | Copy 2 to be filed with employee's City or Local Income Tax Return OMB No. 1545-0008 | | | | | | |