		Employe		2-4	erenc	_		C		
		Employe						Сору		
ı			Wage		and	Tax				
M	V-2		Statemen	t			•	2018		
V	V-Z						_			
Cop	y C for employ	ee's records	i.				OM	B No. 1545-0008		
d	Control num	ber	Dept.	Cor	р.			Employer use of		
685	1606		150				Α		36	
С	Employer's	namo addr	ess, and ZIP	code						
٦			and Sons		•					
			nez Fort							
		Lori	VA 953	97	-705	8				
	0									
				R	atch			#02021		
				٠.	20011			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
e/f	Employees	name, addr	ess and ZIP of	ode						
	Timotl	hy Brya	ant.							
			a Apt. 4	26						
		-	am NJ		460	6006				
	Nortn		am NJ	39	469-	6806				
	U									
b	Employer's		nber	а	Emplo	oyee's SS				
	12-0098	460					652	-21-1054		
1	Wages, tips,	other com	n	2	Feder	al income	tay w	rithheld		
ľ	248557.4		μ.	1		ui iiiooiiio		84.23		
3	Social secur 181331.8			4	Socia	security		ithheld 71.89		
	101331.0	50					130	71.05		
5	Medicare wa	ages and tir	os	6	Medic	are tax w	ithhel	d		
	233159.						676	1.63		
7	Social secur 181331.8			8	Alloca	ted tips	000			
	181331.8	86					233	159.61		
9	Verification	Code		10	Depe	ndent car				
	0						226			
11	Nonqualifie	d plane		124	Soo ii	nstruction	ne for	hov 12		
١	215	u pians		120	Jee 11	isti uctioi	15 101	DOX 12		
					W		636			
14	Other			12t			525			
				12c			757 993			
						Ret. Plan		arty sick pay		
					0	0		0		
15	State		state ID no.	16	State	wages,				
	TN	355-79-3	882				124	362.48		
17	State incon	ne tax		18	Loca	l wages,	tips, e	tc.		
	11444.62	2		1		,		163.7		
_	Leadle					P4				
19	Local incor	ne tax		20	Loca	lity name				

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		Social Security Tax Withheld	13871.89	TN.State Income Tax Box 17 of W-2	11444.62
		Box 4 of W-2		Local Income Tax	25018.12
				Box 19 of W-2	
Fed. Income	90184.23	Medicare Tax	6761.63		
Tax Withheld		Withheld		SU/SDI/FLI	
Box 2 of W-2		Box 6 of W-2		Box 14 of W-2	

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

	Wages, Tips, other	Social Secu	r Medicare	TN.State Wages,	Hall Oval
	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	352613.59	4E+05	352613.6	352613.6	352613.6
Plus GTL (C-Box 12)	6369	6369	6369	6369	6369
Less 401(k) (D-Box 2) Less Other Café 125	525 90184.23	N/A 90184.23	N/A 90184.23	525 90184.23	N/A 90184.23
Reported W-2 Wages	248557.47	248557.47	248557.47	248557.47	248557.47

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

Timothy Bryant
712 Ray Glen Apt. 426
North Lori VA 95397-70

Social Security Number: 652-21-1054
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

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1	Wages, tips, other comp. 248557.47	2 Federal income tax withheld 90184.23					
3	Social security wages	4 Social security tax withheld					
	181331.86	13871.89					
5	Medicare wages and tips	6 Medicare tax withheld					
	233159.61	6761.63					
d	Control number Dept.	Corp. Employer use only					
685	51606 150	A 36					
С	Employer's name, address, and ZIP	code					
	Hall-Baker and Sons	1					
	99172 Martinez Fort	an+ 718					
	North Lori VA 953	=					
		1					
b	Employer's FED ID number	a Employee's SSA number					
	12-0098460	0					
7	Social security tips	8 Allocated tips					
•	181331.86	233159.61					
9		10 Dependent care benefits					
	0	226					
11	Nonqualified plans	12a See instructions for box 12					
•	215						
		W 6369					
14	Other	12b 525					
		12c 757					
		12d 993					
		13 Stat emp. Ret. Plan 3rd party sick pay					
ρ/f	Employees name, address and ZIP						
٠,١	Employees name, address and Eir						
	Timothy Bryant						
		126					
	712 Ray Glen Apt. 4						
	North William NJ	39469-6806					
	0						
15	State Employers' state ID no.	16 State wages, tips, etc.					
13	TN 55-79-382	16 State wages, tips, etc. 124362.48					
		114302.40					
17		18 Local wages, tips, etc.					
	11444.62	319163.7					
	Local income tax						
19	20 Locality name						
	25018.12	Hall Oval					
	Federal	Filing Copy					
		.,					
	Wage	and Tax					
	_ ~						
v	V-2 Stateme	nt 2018					
•	V-Z	nt 2018 ncome Tax Return OMB No. 1545-0008					

1	Wages, tips, other comp. 248557.47			2 Federal income tax withheld 90184.23							
3 Social security wages			4 Social security tax withheld								
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5	Medicare wages and tips			6 Medic							
233159.61				6761.63							
d	Control number		Dept.	Corp.		Employer use only					
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	Employer's nam	o addross		ode		^	30				
•											
	Hall-Baker and Sons 99172 Martinez Fort Apt. 718 North Lori VA 95397-7058										
	0										
b	Employer's FED		r	a Emple	oyee's SSA						
	12-00984	160				0					
7	Social security t	ips		8 Alloca	ted tips						
	181331.8	16				233159.61					
9	Verification Cod	e		10 Depe	ndent care	benefits					
	0					226					
11	Nonqualified pl	ans		12a See instructions for box 12							
	215										
14	Other			12b		6369					
14	Otner			120 12c		525 757					
				12d		993					
				13 Stat emp.	D. I. Div.	3rd party sick pay					
				13 Stat emp.	Ret. Plan	o 0					
e/f	Timoth	e,address ny Brya ny Gler	int								
		-	-								
	North 0	Willia	ım N	39469	9-6806						
15	State			16 State	wages, ti	ps, etc.					
	TN	55-79-38	2			124362.48					
17	State income to			18 Loca	durana 6	ha ata					
.,	State income to			10 LOCA	ıl wages, t	ps, etc. 319163.7					
	11444.02		l	319103.7							
19	Local income tax 25018.12			20 Loca	lity name						
					Hall Oval						
		TN.State)	Filing		Сору					
			Wage	and	Tax	17					
v	V-2		Stateme	ent		2018					
~			0	T D							
	y 2 to be filed with	employee's	State Inco	me rax Ret	urn	OMB No. 1545-0008					

1	1 Wages, tips, other comp. 248557.47			2 Federal income tax withheld						
<u> </u>		90184.23								
3	Social security wages 181331.86			4 Social security tax withheld 13871.89						
5	Medicare wages and tips			6 Medicare tax withheld						
9	233159.61			6 Medicare tax withheld 6761.63						
d	Control number	Corr	_			Employer use only				
	1606	Dept. 150	COIL	,.		Α	Lilipioyei use ulily	36		
С	Employer's name,		ode							
	Hall-Ba	ker and Son	าร							
		artinez For		An+	718					
				-						
		ori VA 9	539	/-/(158					
	0									
b	Employer's FED II) number	а	Emple	vee's SS	1 numbe	ar .			
	12-009846		a	Lilipi	yee a oo	0				
7	Social security tip	5	8	Alloca	ted tips					
	181331.86					23315	9.61			
9	Verification Code		10	Dene	ndent car	honofit	he .			
_	verification code 0			10 Dependent care benefits 226						
11	Nonqualified plan	S	12a See instructions for box 12							
	215		W 6369							
14	Other		12b	- "						
			12c			757				
						993				
			13 St	at emp.	Ret. Plan	3rd part	y sick pay			
e/f	F1	address and ZIP c		0	0	1	0			
e/t	Employees name,	address and ZIP co	ode							
	Timothy	Bruant								
	_	_		_						
	-	Glen Apt.								
	North W	illiam N	J 39469-6806							
	0									
15	State E	mployers' state ID no	40	Ctate						
13		11 novers state ID no 5-79-382	16	State	wayes, t	12436	2.48			
17	State income tax		18	Loca	l wages, t					
	11444.62					31916	3.7			
19	Local income tax		20	Loca	lity name					
	25018.12				my mame	Hall	Oval			
	City or Local			Filing Copy						
		а	nd	Tax						
١.		Stateme				~	340			
V	/-2	Statomic	••••			20	018			
Con	v 2 to be filed with or	nplayee's City or Loc	al Inc	ome T	ax Return	OMB N	lo 1545-0008			