		Employe	e l	Refe	erenc	е		Сору	
ı			Wage	a	and	Tax			
١,	V-2		Statemen	ıt			-	2018	
V	V-Z								
Cop	y C for employ						OME	3 No. 1545-0008	
d	Control numl	ber	Dept. 150	Cor	p.		Α	Employer use only	36
	1201		150				^		30
С			ess, and ZIP		•				
ı			ance Ltd	ı					
	58439	James	Plaza						
		aburgh	MD		717	24-22	56		
ı	0								
ı									
				Ва	atch		1	#02021	
e/f	Employees i	name, addr	ess and ZIP	code					
ı									
ı	Mary		iver						
ı			Crossro	ad					
ı	Whitne	eyberg	MT		726	51-78	62		
	-								
b	Employer's I		nber	а	Empl	yee's SS		ber -62-1558	
	32-08891	.96					206	-62-1558	
1	Wages, tips,		p.	2	Feder	al income			
	62705.24						172	40.32	
3	Social secur			4	Socia	security			
	66848.43	L					511	3.9	
5	Medicare wa	nos and ti	16	6	Modic	are tax w	ithholc	1	
•	57674.65			ľ	mean	uic tax w		2.56	
_				8					
7	Social secur			8	Alloca	ted tips	576	74.65	
9	Verification (Code		10	Depe	ndent car	e bene	efits	
11	Nonqualified 181	d plans		12a	See i	nstruction	ns for b	oox 12	
	101				F		368	8	
14	Other			12b			721		
				12d			146 868		
						Ret. Plan		arty sick pay	
15	State	F1	Latata ID a a	16	X	×		×	
15	FL	406-63-3	state ID no.	16	State	wages, t		sc. 57.07	
_				ļ					
17	State incon	ne tax		18	Loca	l wages, 1		tc. 35.28	
								· · · · •	
19	Local incor 9058.16	ne tax		20	Loca	lity name		eman Crest	

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	85059.46	Social Security Tax Withheld	5113.9	FL.State Income Tax Box 17 of W-2	1909.91
		Box 4 of W-2		Local Income Tax	9058.16
				Box 19 of W-2	
Fed. Income	17240.32	Medicare Tax	1672.56		
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	ur Medicare	FL.State Wages,	Freeman Crest	
	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	85059.46	85059	85059.46	85059.46	85059.46	
Plus GTL (C-Box 12)	3688	3688	3688	3688	3688	
Less 401(k) (D-Box 2) Less Other Café 125	721 17240.32	N/A 17240.32	N/A 17240.32	721 17240.32	N/A 17240.32	
Reported W-2 Wages	62705.24	62705.24	62705.24	62705.24	62705.24	

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

 Mary
 Oliver
 Social Security Number: 1 Taxoble Marrial Status: 8 Exemptions/Allowances: 1 Exemptions/Allowances: 4 STATE: 4 Exemptions/Incompany MD
 71

© 2018 ADP, LLC

	Wages, tips, other comp.		2 Feder	al income	tax withheld	
			4 Casia	l a a a consider d		
•		ľ	• oocia	security t		
_			. Madia	aza 4au wii		
•			o Medic	are tax wi		
			_			_
			Corp.			
					A	36
;			oae			
	Rodriguez-Vanc	e Ltd				
	58439 James Pla	aza				
	Brendaburgh	MD	717	24-225	6	
	-					
	ŭ					
h	Employer's FED ID number	- 1	a Emplo	vee's SSA	number	
	32-0889196	ľ	p.	,	0	
7	Social security tips		Alloca	ted tips		
	66848.41				57674.65	
_	V				. b	
,		ľ	iu Depe	naent care		
	· ·				107	
1	Nonqualified plans		12a See ii	nstruction	s for box 12	
•	181					
			F			
4	Other					
		1				
				×	×	
14	Employeee name address a					
√f	Employees name, address a	ind ZIP co				
e/f						
e/f	Mary Olive	r				
e/f	Mary Olive	r ossroa	ıd			
/f	Mary Olive	r	ıd	51-786	52	
/f	Mary Olive	r ossroa	ıd	51-786	52	
	Mary Olive 90837 Duran Cr Whitneyberg	r ossroa MT	nd 726			
	Mary Olive 90837 Duran Cre Whitneyberg 0	r ossroa MT	nd 726		ps, etc.	
	Mary Olive 90837 Duran Cr Whitneyberg	r ossroa MT	nd 726			
15	Mary Olive: 90837 Duran Cr Whitneyberg 0 State Employers' state FL 06-63-323	ossroa MT	726 16 State	wages, ti	ps, etc. 32557.07	
5	Mary Olive: 90837 Duran Cr Whitneyberg 0 State Employers' state 106-63-323	ossroa MT	726 16 State	wages, ti	ps, etc. 32557.07 ips, etc.	
15	Mary Olive: 90837 Duran Cr Whitneyberg 0 State Employers' state FL 06-63-323	ossroa MT	726 16 State	wages, ti	ps, etc. 32557.07	
15	Mary Olive: 90837 Duran Cr Whitneyberg 0 State Employers' state 106-63-323	ossroa MT	726 726 16 State	e wages, ti	ps, etc. 32557.07 ips, etc.	
5	Mary Olive: 90837 Duran Cr. Whitneyberg 0 State Employers' state 06-63-323 State income tax 1909.91	ossroa MT	726 726 16 State	e wages, ti	ps, etc. 32557.07 ips, etc.	
15	Mary Olive: 90837 Duran Cr. Whitneyberg 0 State Employers state FL 06-63-323 State income tax 1909.91	ossroa MT	726 726 16 State	e wages, ti	ps, etc. 32557.07 ips, etc. 76335.28	
15	Mary Olive: 90837 Duran Cr. Whitneyberg 0 State Employers state FL 06-63-323 State income tax 1909.91	ossroa MT	726 726 16 State	e wages, ti	ps, etc. 32557.07 ips, etc. 76335.28	
15	Mary Olive 90837 Duran Cr Whitneyberg 0 State Employers' state 190-6-3-323 State income tax 1909-91 Local income tax 9058.16	r ossroa MT	726 726 State 18 Loca Filing	e wages, ti	ps, etc. 32557.07 ips, etc. 76335.28	
15	Mary Olive 90837 Duran Cr Whitneyberg 06-63-323 State Employers' state 1509-91 Local income tax 9058-16	r ossroa MT e ID no.	726 726 State 18 Loca Filing	e wages, ti	ps, etc. 32557.07 ips, etc. 76335.28 Freeman Crest	
5	Mary Olive 90837 Duran Cr Whitneyberg 06-63-323 State Employers' state 1509-91 Local income tax 9058-16	r ossroa MT e ID no.	726 726 State 18 Loca Filing	e wages, ti	ps, etc. 32557.07 ips, etc. 76335.28	

1 Wages, tips, other comp. 62705.24			2 Federal income tax withheld 17240.32						
3	Social security wages 66848.41	4 Social security tax withheld 5113.9							
5	Medicare wages and tips 57674.65	6 Medic	6 Medicare tax withheld 1672.56						
d	Control number	Dept.	Corp.		Employer use only				
	1261	150		A					
С	Employer's name, address								
	Rodriguez-Va		td						
	58439 James	Plaza							
	Brendaburgh	MD	71	L724-2	256				
	0								
b	Employer's FED ID number	r	a Emple	ovee's SS	A number				
	32-0889196				0				
L-									
7	Social security tips 66848.41		8 Alloca	ted tips	57674.65				
	00040.41				57674.65				
9	Verification Code		10 Depe	ndent car	e benefits				
	0			107					
11	Nongualified plans		12a See i	nstruction	ns for box 12				
	181								
	04		F		3688				
14	Other		12b 12c						
			12d		1 868				
			13 Stat emp. Ret. Plan 3rd party sick pay						
			×	×	x				
e/f	Employees name, address	and ZIP co	ode						
	Mary Ol:	iver							
	90837 Duran	Croses	heor						
	Whitneyberg	MT		2651-7	060				
	whitcheyberg 0	MI	,,	2031-7	002				
15	State Employers FL 06-63-32	state ID no	16 State	wages, 1	tips, etc. 32557.07				
	FE 100-03-32	.5			32337.07				
17	State income tax		18 Loca	l wages,					
	1909.91				76335.28				
19	Local income tax		20 Loca	lity name					
	9058.16				Freeman Crest				
\vdash	FL.State		Filina		Conv				
	FL.State			т	Сору				
		Wage	and	Tax					
W	/-2	Stateme	ent		2018				
Con	y 2 to be filed with employee's	State Inco	me Tax Ret	um	OMB No. 1545-0008				
CUP	y 2 to be med with employees	CIGIO IIICO	IIIC I IIX I (OL	u	Omb 110. 1010-0000				

1	Wages, tips, other comp. 62705.24		2 Fede	ral income	tax withheld 17240.32				
3	Social security wages 66848.41	4 Socia	4 Social security tax withheld 5113.9						
5	Medicare wages and tips 57674.65	6 Medicare tax withheld 1672.56							
d	Control number	Dept.	Corn	Corp. Employer use only					
	1261	150	Curp.		A	36			
С	Employer's name, address	s, and ZIP o	ode						
	Rodriguez-V	td							
	58439 James	Plaza		71724-2256					
	Brendaburgh	MD	7						
b	Employer's FED ID number	r	a Emp	oyee's SSA	A number				
_	32-0889196		о ср	0,000	0				
7	Social security tips 66848.41		8 Alloc	ated tips	57674.65				
9	Verification Code 0		10 Dep	endent care	benefits 107				
11	Nonqualified plans		12a See	instruction	s for box 12				
	181								
14	Other		12b		3688				
14	Other		12D 12c		721 146				
			12d 868						
			13 Stat emp. Ret. Plan 3rd party sick pay						
e/f	Employees name, address	and ZIP c							
	Mary 01	iver							
	90837 Duran		heor						
			72651-7862						
	Whitneyberg 0	MI	,	2651-7	002				
15	State Employers 06-63-33	s' state ID no 23	16 Star	e wages, ti	ps, etc. 32557.07				
17	State income tax		18 Loc	al wages, ti	ips, etc.				
	1909.91				76335.28				
19	Local income tax 9058.16		20 Loc	ality name	Freeman Crest				
	City or Lo	cal	Filing Copy						
1	•	Wage	and Tax						
W	V-2	Stateme							
Con	Copy 2 to be filed with employee's City or Local Income Tax Return OMB No. 1545-0008								
Jup	y 2 to be med with employee	JONY OF LOC	an mouling	run recuiii	OMD 140. 1040-0000				