Reference Employee Сору Wage and Statement W-2 2018 OMB No. 1545-0008 Employer use only ept. 150 Α Employer's name, address, and ZIP code Miller LLC Inc 010 Smith Mall Kempburgh MO #02021 Batch Employees name, address and ZIP code Brian Coleman 625 Clements Loop Suite 153 East Steven ND 70811-6324 Employee's SSA number 369-89-9295 Wages, tips, other comp. 82690.16 Social security tips 66788.0 Verification Code 10 Dependent care benefits 295 ons for box 12 Other Employers' state ID no 458-43-040 Local wages, tips, etc. 81972.25 Keith Court

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 | 108114.1 | Social Security Tax Withheld | 5109.28 | OH.State Income Tax Box 17 of W-2 | 3202.64 |
|--------------|----------|---------------------------------|---------|--------------------------------------|---------|
| | | Box 4 of W-2 | | Local Income Tax | 12726.6 |
| | | | | Box 19 of W-2 | |
| Fed. Income | 20314.68 | Medicare Tax | 2068.19 | | |
| 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.

| ate Wages, Keith Court |
|--|
| Etc. Local Wages, 6 of W-2 Tips, Etc. Box 18 of W2 |
| 14.1 108114.1 |
| 7852 |
| N/A .68 20314.68 .16 82690.16 |
| |

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

| Taxable Marital Status: | MARRIE |
|-------------------------|------------------------|
| Exemptions/Allowances: | |
| FEDERAL: 4 | |
| | |
| LOCAL: | |
| | Exemptions/Allowances: |

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| 1 | Wages, tips, 82690.16 | | р. | 2 | Feder | al incom | e tax wit 2031 | | | |
|---------------------------|-----------------------------------|-----------------------|--------------|-------|--------------------------------|-----------|-------------------|-----------------------------|---|--|
| 3 | Social security wages | | | 4 | 4 Social security tax withheld | | | | | |
| - | 66788.0 | | | 1 | | | 5109 | | | |
| 5 Medicare wages and tips | | | | 6 | Medic | are tax w | rithheld | | _ | |
| | 71316.85 | | | | | | 2068 | .19 | | |
| d | Control numb | ber | Dept. | Corp |). | | | Employer use only | _ | |
| 931 | 5248 | | 150 | | | | Α | 31 | 6 | |
| С | Employer's r | name, addr | ess, and ZIP | code | | | | | | |
| | Miller | LLC | Inc | | | | | | | |
| | | nith Ma | | | | | | | | |
| | | | | | | | | | | |
| | | ırgh | MO (|)454 | 2-5 | 658 | | | | |
| | 0 | | | | | | | | | |
| b | Employer's I | CED ID | | а | | ovee's SS | | | | |
| | 86-20033 | | iibei | a | Linbid | yee S 33 | 0 | roi . | | |
| | 00 20033 | | | 1 | | | • | | | |
| 7 | Social securi | ity tips | | 8 | Alloca | ted tips | | | | |
| | 66788.0 | | | 1 | | | 7131 | 6.85 | | |
| 9 | Verification (| ^odo | | 10 | Dono | ndent ca | ro bonof | ite | | |
| ď | verification (| Jode | | 10 | Deb6 | nuent ca | re bener 295 | ILO | | |
| | · | | | 1 | | | | | | |
| 11 | Nonqualified | plans | | 12a | See in | nstructio | ns for be | ox 12 | | |
| | 112 | | | | | | | | | |
| 14 | Other | | | 12b | Q | | 7852 973 | | | |
| 14 | Other | | | 120 | | | 1 533 | | | |
| | | | | 12d | | | 1 174 | | _ | |
| | | | | 13 St | at emp. | Ret. Plan | 3rd par | rty sick pay | _ | |
| | | | | | 0 | 0 | | 0 | | |
| e/f | Employees r | name, addr | ess and ZIP | code | | | | | | |
| | | | | | | | | | | |
| | Brian | | | | | | | | | |
| | 625 CI | Lements | s Loop S | Suit | e 1 | 53 | | | | |
| | East S | Steven | ND | 70 | 811 | -6324 | | | | |
| | 0 | | | | | | | | | |
| | | | | | | | | | | |
| 15 | State | Employers 58-43-04 | state ID no. | 16 | State | wages, | tips, etc 4280 | | | |
| | On | 30-43-04 | 10 | 1 | | | 4280 | 0.75 | | |
| 17 | State incom | ne tax | | 18 | Loca | l wages, | tips, etc | | _ | |
| | 3202.64 | | | 1 | | | 8197 | 2.25 | | |
| 19 | | | | | | P4 | | | | |
| 19 | Local incon 12726.6 | ne tax | | 20 | Loca | lity name | | h Court | | |
| | 12/20.0 | | | 1 | | | Keit | II COULC | | |
| | | Federal | | Fi | ling | | (| Сору | _ | |
| | | . 500.01 | Wage | | nd | Tax | • | , | | |
| | | | | | nu | ıax | | | | |
| | | | | | | | | | | |
| v | V-2 | | Stateme | 111 | | | " | 018 | | |
| ۷ | V-2 by B to be filed to | - 100 1 | | | | | _ | 018 No. 1545-0008 | | |

| 1 | Wages, tips, other comp. 82690.16 | 2 Federal income tax withheld 20314.68 | 1 | 1 Wages, tips, other comp. 82690.16 | | |
|-----|--------------------------------------|---|-----|--|--|--|
| 3 | Social security wages 66788.0 | 4 Social security tax withheld 5109.28 | 3 | Social security wages 66788.0 | | |
| 5 | Medicare wages and tips 71316.85 | 6 Medicare tax withheld 2068.19 | 5 | Medicare wages and tips 71316.85 | | |
| d | Control number Dept. | Corp. Employer use only | d | Control number | | |
| 931 | 5248 150 | A 36 | 93: | 15248 | | |
| С | Employer's name, address, and ZIP | code | С | Employer's name, address, | | |
| | Miller LLC Inc | | | Miller LLC I | | |
| | 010 Smith Mall | | | 010 Smith Mai | | |
| | Kempburgh MO | 04542-5658 | | Kempburgh | | |
| b | Employer's FED ID number | a Employee's SSA number | b | Employer's FED ID number | | |
| | 86-2003394 | 0 | | 86-2003394 | | |
| 7 | Social security tips | 8 Allocated tips | 7 | Social security tips | | |
| | 66788.0 | 71316.85 | | 66788.0 | | |
| 9 | Verification Code | 10 Dependent care benefits 295 | 9 | Verification Code | | |
| 11 | Nonqualified plans | 12a See instructions for box 12 | 11 | Nongualified plans | | |
| ••• | 112 | 12a See instructions for box 12 | | 112 | | |
| | | Q 7852 | | | | |
| 14 | Other | 12b 973 | 14 | Other | | |
| | | 12c 533 12d 174 | - | | | |
| | | 13 Stat emp. Ret. Plan 3rd party sick pay | + | | | |
| | | 0 0 0 | | | | |
| e/f | Employees name, address and ZIP of | ode | e/f | Employees name, address a | | |
| | Brian Coleman | | | Brian Cole | | |
| | 625 Clements Loop | Suite 153 | | 625 Clements | | |
| | East Steven ND | | | East Steven | | |
| | 0 0 | 70011-0324 | | 0 0 | | |
| 15 | State Employers' state ID n | | 15 | State Employers's | | |
| | он 58-43-040 | 42806.79 | | он 58-43-040 | | |
| 17 | State income tax | 18 Local wages, tips, etc. | 17 | State income tax | | |
| | 3202.64 | 81972.25 | | 3202.64 | | |
| 19 | Local income tax | 20 Locality name | 19 | Local income tax | | |
| | 12726.6 | Keith Court | | 12726.6 | | |
| | OH.State | Filing Copy | | City or Loca | | |
| | Wage | | | • | | |
| ١. | - Ctotom | ont | | v 0 5 | | |
| W | V-2 | ²⁰¹⁸ | V | V-2 | | |
| • | | | | | | |

| ľ | 82690.16 | | | | | | 20314.68 | | | |
|----------|-------------------------|------------|-------------|--------------------------------|------|------------|--------------------|----|--|--|
| 3 | | | | 4 Social security tax withheld | | | | | | |
| | 66788.0 | | | 5109.28 | | | | | | |
| 5 | Medicare wages a | and tips | | 6 Me | dic | are tax wi | | | | |
| | 71316.85 | | | | | | 2068.19 | | | |
| | Control number | | Dept. | Corp. | | | Employer use only | | | |
| 931 C | 5248 Employer's name | | 150 | | _ | | A | 36 | | |
| C | | | | oue | | | | | | |
| | Miller | | | | | | | | | |
| | 010 Sm: | ith Ma | 11 | | | | | | | |
| | Kempbu | rgh | MO | 0454 | 2- | 5658 | | | | |
| | - 0 | - | | | | | | | | |
| | | | | | | | | | | |
| b | Employer's FED I | | , | a Em | plo | yee's SS/ | | | | |
| | 86-200339 | 94 | | | | | 0 | | | |
| 7 | Social security tit | ns | | 8 All | oca | ted tips | | | | |
| ľ | 66788.0 | | | | | | 71316.85 | | | |
| | | | | | | | | | | |
| 9 | Verification Code | | | 10 De | pei | ndent care | | | | |
| | 0 | | | | | | 295 | | | |
| 11 | Nonqualified plan | ns | | 12a Se | e ir | struction | s for box 12 | | | |
| | 112 | | | | | | | | | |
| | | | | | Q | | 7852 | | | |
| 14 | Other | | | 12b | | | 973 | | | |
| | | | | 12c | | | 533 174 | | | |
| | | | | | mn | | 3rd party sick pay | | | |
| | | | | 0 | ф. | 0 | 0 | | | |
| e/f | Employees name | , address | and ZIP co | ode | | | • | | | |
| | | | | | | | | | | |
| | Brian | Cole | man | | | | | | | |
| | 625 Cle | ements | Loop | Suit | e | 153 | | | | |
| | East St | teven | ND | 70 | 81 | 1-632 | 4 | | | |
| | 0 | | | | | | | | | |
| | | | | | | | | | | |
| 15 | | | state ID no | 16 S | tate | wages, ti | | | | |
| | OH 5 | 58-43-04 | 0 | | | | 42806.79 | | | |
| 17 | State income tax | × | | 18 L | oca | l wages, t | ins. etc. | | | |
| 1 | 3202.64 | - | | | | | 81972.25 | | | |
| | | | | | | | | | | |
| 19 | Local income ta | x | | 20 L | oca | lity name | | | | |
| | 12726.6 | | | | | | Keith Court | | | |
| \vdash | Cit | v or Loc | al | Filin | a | | Сору | | | |
| 1 | Cit | , 01 =00 | | | | | Эору | | | |
| 1 | | | Wage | | 1 | ıax | | | | |
| V | I-2 | | Stateme | ent | | | 2018 | | | |
| | - | | O'4 1 | | | | | | | |
| Cop | y ∠ to be riled with e | empioyee's | City or Loc | ai incom | ie I | ax Keturn | OMB No. 1545-0008 | | | |
| | | | | | | | | | | |

2 Federal income tax withheld