		Employe	e f	Refe	erenc	е		Сору		
			Wage	a	and	Tax				
١,	V-2		Statemen	ıt				2018		
V	V-Z									
Сор	y C for employ	ee's records	i.				OM	3 No. 1545-0008		
	Control num	ber	Dept.	Cor	p.		_	Employer use		
946	52542		150				Α		36	
С	Employer's	name, addı	ess, and ZIP	code	,					
	Salas	, Herre	era and	Lev	wis	Group				
	5294 (	Gibbs 0	Jnion							
	Krist:	inburgl	r FL 16	65	7-61	35				
ı	0									
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				R:	atch			#02021		
e/f	Employees	name, addr	ess and ZIP of	code						
		Alexa								
		-	Manors							
ı			rt OK		219	19-66	25			
	0									
b	Employer's		nber	а	Emplo	yee's SS				
	81-0056	395					549	-45-3121		
1	Wages, tips,		p.	2	Feder	al income				
	215734.0	02					229	93.72		
3	Social secur			4	Socia	security				
	153849.	58					117	69.49		
5	Medicare wa	age and ti	· ·	e	Modic	are tax w	ithhol			
3	241193.		,,	١	medic	ale tax w		4.62		
7	Social secur 153849.			8	Alloca	ted tips	241	193.64		
9	Verification	Code		10	Depe	ndent car	e ben 188			
							100			
11	Nonqualifie 288	d plans		12a	See i	nstruction	ns for	box 12		
	288				N		892	7		
14	Other			12b	1		260			
				12d			<b>540</b>   845			
						Ret. Plan		arty sick pay		
	0				0	0		0		
15	State	Employers 812-22-8	state ID no.	16	State	wages, t		tc. 297.75		
17	State incom	ne tax		18	Loca	il wages, 1		tc. 004.75		
								004.75		
19	Local incor			20	Loca	lity name		nson Cove		

## 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	250497.2	Social Security Tax Withheld Box 4 of W-2	11769.49	OR.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	9434.2 30079.96
Fed. Income	22993.72	Medicare Tax	6994.62		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SU/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	OR.State Wages,	Johnson Cove
	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages 2 Box 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	250497.23	3E+05	250497.2	250497.2	250497.2
Plus GTL (C-Box 12)	8927	8927	8927	8927	8927
Less 401(k) (D-Box 2) Less Other Café 125	260 22993.72	N/A 22993.72	N/A 22993.72	260 22993.72	N/A 22993.72
Reported W-2 Wages	215734.02	215734.02	215734.02	215734.02	215734.02

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

Robin Alexander 220 Sampson Manors Kristinburgh FL 16657-6

2 Federal income tax withheld

Social Security Number: 549-45-3121
Taxable Marital Status: MARRIED
Exemptions/Allowances: FEDERAL: 4
STATE: 4

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1 Wages, tips, other comp.

1	Wages, tips, othe 215734.02	comp.	2 Federal income tax withheld 22993.72				
3	Social security wa	iges	4 Social security tax withheld				
	153849.58		11769.49				
5	Medicare wages a	nd tips	6 Medicare tax withheld				
	241193.64		6994.62				
d	Control number	Dept.	Corp. Employer use only				
946	52542	150	A 36				
С	5294 Gibl	errera and os Union	ZP code d Lewis Group 16657-6135				
b	Employer's FED I 81-0056395	D number	a Employee's SSA number				
7	Social security tip	s	8 Allocated tips 241193.64				
	155049.50		241193.04				
9	Verification Code		10 Dependent care benefits				
	0		188				
11	Nonqualified plan	is	12a See instructions for box 12				
			N   8927				
14	Other		12b   260				
			12c   540				
			12d   845 13 Stat emp. Ret. Plan 3rd party sick pay				
			13 Stat emp. Ret. Plan 3rd party sick pay 0 0 0				
	Elizabetl 0	exander son Manors nfort OK	s : 21919-6625				
15		loyers' state ID no. 22-840	o. 16 State wages, tips, etc. 110297.75				
17	State income tax 9434.2	:	18 Local wages, tips, etc. 244004.75				
19	Local income tax 30079.96	ť	20 Locality name  Johnson Cove				
	Fed	leral	Filing Copy				
	100	Wage					
٧	V-2	Stateme					

215734.02	!			22993.72				
3 Social security wages			4 Social security tax withheld					
153849.58			11769.49					
Medicare wages	and tips	6 Medicare tax withheld						
241193.64	ı			6994.62				
Control number	Dept.	Corp.		Employer use only				
2542	150			A	36			
Employer's name	, address, and ZIP of	ode						
Salas	Herrera and	1 Lowis	Grow	n				
			o o o o o o					
Kristi	nburgh FL 1	L6657-6	5135					
0								
		,						
		a Emple	oyee's SSA					
81-005639	5			0				
Casial assurity tip		O Allega	sad tina					
		o Alluca	iteu tips	241193 64				
133043.30	•			141133.04				
Verification Code		10 Depe	ndent care	benefits				
0				188				
	ns	12a See i	nstruction	s for box 12				
288								
Othor								
Other								
		12d						
		13 Stat emp.		3rd party sick pay				
		0	0	0				
Employees name	, address and ZIP co	ode						
Robin	Alexander							
220 Sau	mpson Manors	3						
	-		010-6	625				
	ethioit ok	2.	1919-0	025				
0								
State	mnlovers' state ID no	16 State	wanes ti	ns atc				
	Employers' state ID no	16 State	wages, ti	ps, etc. 110297.75				
		16 State	e wages, ti					
OR 3	2-22-840	16 State		110297.75 ips, etc.				
OR I	2-22-840			110297.75				
State income tar 9434.2	.2-22-840	18 Loca	ıl wages, t	110297.75 ips, etc. 244004.75				
State income tar 9434.2 Local income ta	.2-22-840	18 Loca		110297.75 ips, etc. 244004.75				
State income tar 9434.2	.2-22-840	18 Loca	ıl wages, t	110297.75 ips, etc. 244004.75				
State income tar 9434.2 Local income tar 30079.96	.2-22-840 K	18 Loca 20 Loca	ıl wages, t	110297.75 ips, etc. 244004.75 Johnson Cove				
State income tar 9434.2 Local income tar 30079.96	x DR.State	18 Loca 20 Loca Filing	il wages, ti	110297.75 ips, etc. 244004.75				
State income tar 9434.2 Local income tar 30079.96	x DR.State Wage	18 Loca 20 Loca Filing and	ıl wages, t	110297.75 ips, etc. 244004.75 Johnson Cove				
State income tar 9434 . 2 Local income tar 30079 . 96	x DR.State	18 Loca 20 Loca Filing and	il wages, ti	110297.75 ips, etc. 244004.75  Johnson Cove  Copy				
State income tar 9434.2 Local income tar 30079.96	x DR.State Wage	18 Loca 20 Loca Filing and	il wages, ti	110297.75 ips, etc. 244004.75 Johnson Cove				
	Social security in 15349 4 241193 4 6 Control number 2542 Employer's name Salas, 5294 G Kristin 0 Employer's FED 10 81-00563 Social security it 153849.5 Verification Code 0 Nonqualified plan 288 Other	Social security wages  153849.58  Medicare wages and tips 241193.64 Control number 2542 Inployer's name, address, and ZIP c Salas , Herrera and 5294 Gibbs Union Kristinburgh FL :  6 Employer's FED ID number 81-0056395  Social security tips 153849.58  Verification Code 0 Noncualified plans 288  Other  Employees name, address and ZIP c Robin Alexander 220 Sampson Manor: Elizabethfort OK	Social security wages	Social security wages	Social security wages			

1	Wages, tips, other comp. 215734.02				Pederal income tax withheld 22993.72						
3	Social security wages 153849.58			4 Social security tax withheld 11769, 49							
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5	241193.64				6 Medicare tax withheld 6994.62						
d	Control number	Dept.	Corp	).			Employer use only				
946	2542	150				Α		36			
С	Employer's nam	e, address, and ZIP of	ode								
		Herrera and		ewis	Grou	p					
	5294 G	ibbs Union									
	Kristinburgh FL 16657-6135										
_											
b	Employer's FED		а	Emplo	yee's SS		er				
1	81-00563	95	1			0					
7	Social security t		8	Allega	ted tips						
′	153849.5		ľ	Alloca	teu tips	24119	2 64				
	155649.5	0				24115	3.04				
9	Verification Code	A	10	Dene	ndent care	e benefit	is				
	0	•	1.0	Боро	iluciii cui	188					
	-										
11	Nonqualified pla	ins	12a	12a See instructions for box 12							
	288										
				N	i	8927					
14	Other		12b			260					
				12c   540 12d   845							
						845					
			13 St	at emp.	Ret. Plan	3rd part	y sick pay				
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e/f	Employees nam	e, address and ZIP co	ode								
	Pohin	Alexander									
	220 Sa	mpson Manors	s								
	Elizab	ethfort OK	21919-6625								
	0										
	-										
15	State	Employers' state ID no	16	State	wages, t	ips, etc.					
	OR	12-22-840				11029	7.75				
17	State income to	ıx	18	Loca	l wages, t						
	9434.2					24400	4.75				
_			_	_	_						
19	Local income to		20	Loca	lity name						
	30079.96					Johns	on Cove				
<u> </u>			1								
1	Ci	ty or Local	Filing Copy								
1		Wage	а	nd	Tax						
		Stateme				_					
V	<b>/-2</b>	Otatome				20	018				
Con	v 2 to be filed with	employee's City or Loc	al In	omo T	av Patura	OMB	lo 1545.0009				
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