		Employe	e f	Ref	erenc	е		Сору	
			Wage		and	Tax			
W	V-2		Statemen	it			2	2018	
_								3 No. 1545-0008	
Cop	y C for employ						OWIE		
<b>d</b> 538	Control numl	per	Dept. 150	Cor	р.		Α	Employer us	36
С			ess, and ZIP Llivan G						
	768 Bi	rian St	travenue	•	-				
	West A	April 1	IA 5	23	87-5	869			
	0								
				В	atch		1	#02021	
e/f	Employees i	name, addr	ess and ZIP of	ode					
	Virgin	nia	Frey						
			es Turnp				34		
		Kylebu	rgh CO	11	613-	9512			
	0								
b	Employer's 60-21775		nber	а	Empl	oyee's SS		ber -10-6706	
1	Wages, tips, 184540.7		p.	2	Feder	al income		ithheld 98.42	
3	Social secur	ity wages		4	Socia	security	tax wi	thheld	
	196349.0	14					150	20.7	
5	Medicare wa	ges and tit	os	6	Medic	are tax w	ithheld		
	163855.6						475	1.81	
7	Social secur 196349.0			8	Alloca	ited tips	163	855.65	
9	Verification (	Code		10	Depe	ndent car	e bene	efits	
	0						156		
11	Nonqualified	d plans		12a	See i	nstruction	ns for t	oox 12	
14	Other			12t			176	5	
14	Other			120			214		
				120			492		
				13 S	itat emp.	Ret. Plan 0	3rd pa	arty sick pay	
15	State		state ID no.	16		wages, t		c.	
	CT	550-83-1	15				988	56.67	
17	State incon	ne tax		18	Loca	l wages, t			
	6300.13						179	981.0	
19	Local incor			20	Loca	lity name		can Field	

## 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	233459.9	Social Security Tax Withheld	15020.7	CT.State Income Tax Box 17 of W-2	6300.13
		Box 4 of W-2		Local Income Tax Box 19 of W-2	25472.78
Fed. Income	33898.42	Medicare Tax	4751.81		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SUI/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	CT.State Wages,	Duncan Field
	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages Pox 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	233459.91	2E+05	233459.9	233459.9	233459.9
Plus GTL (C-Box 12)	1765	1765	1765	1765	1765
Less 401(k) (D-Box 2) Less Other Café 125	214 33898.42	N/A 33898.42	N/A 33898.42	214 33898.42	N/A 33898.42
Reported W-2 Wages	184540.79	184540.79	184540.79	184540.79	184540.79

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

Virginia	Frey					
34891 Charles	Turnpike Suite 734					
West April IA	52387-					

Social Security Nur Taxable Marital Sta	itus:	648-10-670 MARRIED
Exemptions/Allowa	inces:	
FEDERAL:	4	
STATE:	4	
LOCAL:		

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1	Wages, tips, other co 184540.79	mp.	2 Fede	ral income	tax withheld 33898.42
3	Social security wage	s	4 Socia	al security	tax withheld
-	196349.04	_			15020.7
5	Medicare wages and	tins	6 Medi	care tax w	
•	163855.65	про	- meui	ou. C dax w	4751.81
d	Control number	Dept.	Corp.	1	Employer use only
	37918	150	Corp.		A 36
C	Employer's name, ac		code		A 30
	Richards-S				
	768 Brian	Stravenue			
	West April	IA 5	52387-5	869	
b	Employer's FED ID n	umber	a Emp	loyee's SS	A number
-	60-2177555			,	0
					-
7	Social security tips		8 Alloc	ated tips	
	196349.04				163855.65
9	Verification Code		10 Dep	endent car	
	0				156
11	Nenguelified plane		12a Caa	lu otre et la u	is for box 12
11	Nonqualified plans 195		12a 500	III DU UCTION	IS IOI DUX 12
	233		1		1765
14	Other		12b		214
•			12c		341
			12d		492
			13 Stat emp	Ret. Plan	3rd party sick pay
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e/f	Virginia 34891 Char	Frey		uite 7	34
		_			
	West Kyleb	urgh CO	11613-	.9512	
15	State Employe	ers' state ID no.	16 Star	te wages, t	ins. etc.
	CT 50-83-		.o ola	//	98856.67
		-	1		
17	State income tax		18 Loc	al wages, 1	tips, etc.
	6300.13				179981.0
19	Local income tax 25472.78		20 Loc	ality name	
					Duncan Field
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	Feder	al			
	Feder		and	Tax	
		Wage	and	Tax	
-	Feder V-2  by B to be filed with emp	Wage Stateme	and nt		2018

1 Wages, tips, other comp. 184540.79			2 Federal income tax withheld 33898.42							
3				4 Social security tax withheld						
3	196349.04			15020.7						
5	Medicare wages and tips	Medicare wages and tips		Medic	are tax wi					
	163855.65					4751.81				
d	Control number	Dept.	Corp	).		Employer use only				
	7918	150	Ц_			A	36			
С	Employer's name, address									
	Richards-Sul			oup						
	768 Brian St									
	West April 1	[A	52	387-	-5869					
b	Employer's FED ID numbe	r	а	Emplo	yee's SS	A number				
	60-2177555					0				
7	Social security tips		8	Alloca	ted tips					
,	196349.04		۰	Alloca	iteu tips	163855.65				
9	Verification Code		10	Depe	ndent car	e benefits				
	0			156						
11	Nonqualified plans		12a	See in	nstruction	is for box 12				
	195									
14	Other		12b			1765				
14	Otner		12b			341				
			12d			1 4 9 2				
			13 St	at emp.	Ret. Plan	3rd party sick pay				
				0	0	x				
e/f	Employees name, address	and ZIP co	ode							
	Virginia	Frey								
	34891 Charle	s Turi	npi	ke S	Suite	734				
	West Kylebu		-							
	0	igii oo	_		, ,,,,,					
15		state ID no	16	State	wages, t					
	CT 50-83-11	.5				98856.67				
17	State income tax		18	Loca	l wages, t					
	6300.13					179981.0				
19	Local income tax		20	Loca	lity name					
	25472.78				,	Duncan Field				
	CT.State	Э	Fi	ling		Сору				
	Wage				Tax	.,				
				nd	· care	2040				
۷۱	W-2					2018				
Сор	y 2 to be filed with employee's	State Inco	me Ta	ax Reti	ım	OMB No. 1545-0008				

1	Wages, tips, other comp.		2 Feder	al income	tax withheld				
184540.79			33898.42						
3	Social security wages 196349.04	4 Social security tax withheld 15020.7							
5	Medicare wages and tips		6 Medicare tax withheld						
	163855.65			4751.81					
	Control number	Dept.	Corp.		Employer use only				
538	7918 Employer's name, address	150			A	36			
C									
	Richards-Su		-						
	768 Brian St	craven	ue						
	West April :	I.A.	52387-	-5869					
	0								
b	Employer's FED ID number		a Emplo	oyee's SSA	number				
	60-2177555		u Linpi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0				
7	Social security tips 196349.04		8 Alloca	ted tips	163855.65				
	190349.04			103033.03					
9	Verification Code		10 Dependent care benefits 156						
	0								
11	Nonqualified plans		12a See instructions for box 12						
	195								
14	Other		12b		1765 214				
14	Other		12D		341				
			12d	12d   492					
			13 Stat emp.		3rd party sick pay				
οlf	Employees name, address	and ZIP co	0 ode	0	×				
٠,,	Employees name, address	una zn o	ouc						
	Virginia	Frey							
	34891 Charle	s Turi	npike S	Suite '	734				
	West Kylebu	gh CO	11613	3-9512					
	0	-							
	- I								
15	State Employers CT 50-83-11		16 State	wages, ti	ps, etc. 98856.67				
17	State income tax 6300.13		18 Loca	ıl wages, ti	ps, etc. 179981.0				
	6300.13				179981.0				
19	19 Local income tax		20 Loca	lity name					
	25472.78				Duncan Field				
	City or Lo	ral	Filing		Сору				
	Only of Lo	Wage		Tax	Зору				
١.,		Stateme		ıdx					
V	W-2 Statement 2018								
Cop	y 2 to be filed with employee's	City or Loc	cal Income T	ax Return	OMB No. 1545-0008				
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