		Employe	e l	Refe	renc	e	C	Сору		
		, ,,	Wage		nd	Tax		,		
	_		Statemen		iiu	Idx				
V	V-2		Staterrier				2	018		
_							OMB	No. 1545-00	08	
Cop	y C for employ Control num		Dept.	Corr				Employer		
968	Control numi	ber	150	Corp).		Α	Employer	use only	36
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С			ess, and ZIP							
	Lopez	, Gross	and Do	mir	igue	z and	Sons	3		
	85666	Allen	Street							
	Corevo	cheste	. ME	7	125	7-3942	2			
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				Ва	tch		#	02021		
e/f	Employees i	name addi	oss and 7IP	ahor						
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	Matthe		·							
			Ingram							
		Carlson								
		Kather	inechest	er	F	L (08215	5-5089		
	0									
b	Employer's	FED ID nur	nber	а	Emplo	yee's SS	A numb	er		
	52-80137				•			90-2915		
_	144			_	F	-1 !				
1	Wages, tips, 122581.0		p.	2	Feder	al income	2793			
3	Social secur			4	Social	security				
	93350.45	•					7141	.31		
5	Medicare wa	nae and ti	16	6	Medic	are tax w	ithhold			
ľ	133365.2		,,	3867.59						
							3007			
7	Social secur			8	Alloca	ted tips				
	93350.45	5					1333	65.26		
9	Verification (Code		10	Depe	ndent car	e benef	its		
	0						272			
11	Nonqualifie	d nlane		120	See i	nstruction	e for b	ny 12		
l.,	181	n hiai 19		124	346 II	iou uctioi	io ioi bu	JA 12		
					Н		5721			
14	Other			12b			853			
Ĭ				12c			604 478			
Ĭ					at emp.	Ret. Plan		ty sick pay		
					×	0		×		
15	State	Employers 552-15-0	state ID no.	16	State	wages, t	ips, etc 5690			
1	WY	552-15-0	131	1			5690	2.14		
17	State incon	ne tax		18	Loca	l wages,				
1	2178.76			1			1411	07.89		
19	Local incor	no tav		20	Loca	lity name				
19	13453.03			20	Loca	шку патПе		s Meadows		

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	157661.9	Social Security Tax Withheld	7141.31	WY.State Income Tax Box 17 of W-2	2178.76
		Box 4 of W-2		Local Income Tax	13453.03
				Box 19 of W-2	
Fed. Income	27939.5	Medicare Tax	3867.59		
Tax Withheld		Withheld		SUVSDVFLI	
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 Secur Medicare		WY.State Wages,	Jones Meadows	
	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	157661.85	2E+05	157661.9	157661.9	157661.9	
Plus GTL (C-Box 12)	5721	5721	5721	5721	5721	
Less 401(k) (D-Box 2) Less Other Café 125	853 27939.5	N/A 27939.5	N/A 27939.5	853 27939.5	N/A 27939.5	
Reported W-2 Wages	122581.04	122581.04	122581.04	122581.04	122581.04	

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

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	Local income tax 13453.03 Federa	l Wage Stateme	Filing	,	Jones Meadows Copy 2018				
17	Local income tax 13453.03	Wage	Filing)					
	Local income tax 13453.03		Filing)					
	Local income tax 13453.03								
	Local income tax		20 Lo	cality name					
17									
17	2178.76				141107.89				
	State income tax		18 Lc	cal wages, t	ips, etc.				
15	State Employers WY 52-15-0	s' state ID no.	16 St	ate wages, ti	ps, etc. 56902.14				
	0								
	Lake Kather	inechest	er	FL (8215-5089				
	4949 Carlso	n Cove							
	Matthew	Ingram							
e/f	Employees name, add	ress and ZIP of	ode						
			×	0	x				
			12d 13 Stat er	np. Ret. Plan	478 3rd party sick pay				
			12c		604				
14	Other		12b		853				
	191				5721				
11	Nonqualified plans 181	ed plans		12a See instructions for box 12					
9	Verification Code		10 De	pendent care	benefits 272				
_									
-	93350 . 45		o Allo	cated tips	133365.26				
7	Social security tips		8 Allo	cated tips					
	52-8013713				0				
b	Employer's FED ID nu	nber	a Em	ployee's SS/	A number				
	0								
	Coreycheste	r ME	712	57-3942	2				
	85666 Allen								
	Lopez, Gros		mıngu	ez and	sons				
С	Employer's name, add								
	4913	150			A	36			
d	Control number	Dept.	Corp.		Employer use only				
	133365.26				3867.59				
		6 Med	dicare tax wi						
	Social security wages 93350 . 45		4 500	iai security i	7141.31				
3	122581.04			27939.5 4 Social security tax withheld					
3			2 Federal income tax withheld						

1 Wages, tips, other comp. 122581.04	2 Federal income tax withheld 27939.5					
3 Social security wages	4 Social security tax withheld					
93350.45	7141.31					
5 Medicare wages and tips	6 Medicare tax withheld					
133365.26	3867.59					
d Control number Dept.	Corp. Employer use only					
9684913 150	A 36					
c Employer's name, address, and ZIP						
- '	Dominguez and Sons					
85666 Allen Stree	t					
Coreychester ME	71257-3942					
0						
b Employer's FED ID number 52-8013713	a Employee's SSA number					
52-8013713	0					
7 Social security tips	8 Allocated tips					
93350.45	133365.26					
9 Verification Code	10 Dependent care benefits					
9 Verification Code 0	272					
11 Nonqualified plans	12a See instructions for box 12					
181	н 5721					
14 Other	12b 853					
	12c 604					
	12d 478					
	13 Stat emp. Ret. Plan 3rd party sick pay					
e/f Employees name, address and ZIP of						
Matthew Ingram	ı					
4949 Carlson Cove	1					
Lake Katherineche	ster FL 08215-5089					
0						
15 State Employers' state ID no	o 16 State wages, tips, etc. 56902.14					
WI 152-15-031	56902.14					
17 State income tax	18 Local wages, tips, etc.					
2178.76	141107.89					
19 Local income tax	20 Locality name					
13453.03	Jones Meadows					
WY.State	Filing Copy					
Wage	and Tax					
NA/ 2 Stateme	ent 2010					
W-2	^{ent} 2018					
Copy 2 to be filed with employee's State Inco	ome Tax Return OMB No. 1545-0008					

1	Wages, tips, other 122581.04	comp.	2 Federa	al income tax	withheld 939.5		
3	Social security was	4 Social security tax withheld 7141.31					
5	Medicare wages ar 133365.26	6 Medic	6 Medicare tax withheld 3867.59				
d	Control number	Dept.	Corp.		Employer use only		
968	4913	150	1	A	36		
С		address, and ZIP Gross and llen Stree	Domingu	ez and S	Sons		
	Coreych	ester ME	712	57-3942			
b	Employer's FED ID 52-8013713		a Emplo	yee's SSA nu 0	mber		
7	Social security tips 93350 . 45	3	8 Alloca		3365.26		
9	Verification Code 0		10 Dependent care benefits 272				
11	Nonqualified plans	12a See instructions for box 12					
14	Other		12b	57			
14	Other		120 12c	1 60			
			12d	1 47			
				Ret. Plan 3rd			
e/f				FL 08	3215-5089		
15		mployers' state ID no	o 16 State	wages, tips,	etc. 902.14		
17	State income tax 2178.76		18 Loca	l wages, tips, 14	etc. 1107.89		
19	Local income tax 13453.03		20 Loca	lity name Jo	nes Meadows		
	City	or Local Wage	Filing and	Tax	Сору		
V	V-2	Statem			2018		