		Employe	e l	Refe	erenc	e		Сору		
			Wage	a	and	Tax				
١,	V-2		Statemen	it			2	2018		
V	V-Z									
	y C for employ						OME	No. 1545-0008		
	Control numl	ber	Dept. 150	Cor	p.		А	Employer use or	nly 36	
594	1/313		150				^		36	
С	Employer's	name, addr	ess, and ZIP	code	•	•				
	Shelto	on, Cas	stillo a	ınd	Bea	rd Gr	oup			
	39497	Jacob	Fork							
ı		Matthe	ew N	ID	21	793-7	969			
ı	0									
ı										
ı				Ва	atch		#	<b>#02021</b>		
	_									
e/f	Employees i	name, addr	ess and ZIP	code						
ı	Dr.	Alexis	_							
ı				a		056				
	Joemoi	-	otorway WV 14		1te 5-69					
	Joemot		WV 14	97:	5-69	21				
	•									
b	Employer's I 84-32896		nber	а	Empl	oyee's SS		ber -49-5620		
1	Wages, tips, 226374.3		p.	2	Feder	al income		ithheld 64.37		
ı							2301	04.37		
3	Social secur 276983.8			4	Socia	I security		thheld 89.26		
ı	2/6983.8	33					2110	39.26		
5	Medicare wa	iges and tip	os	6	Medic	are tax w	ithheld	ı		
	169614.3	39					4918	8.82		
7	Social secur	ity tins		8	Alloca	ted tips				
i	276983.8			ľ			1696	614.39		
9	Verification (	Code		10	Dene	ndent car	o hone	ofite		
•	0	oout			Бере	nacin cai	249			
11	Nonqualifie	d plane		120	Soni	nstruction	ne for h	nov 12		
	219	u pians		120	3661	i i sti uctioi	15 101 L	JOX 12		
14	Other			12b			4214   869	4		
14	Other			120			1 508			
				12d			914			
				13 S	itat emp.	Ret. Plan 0	3rd pa	arty sick pay		
15	State		state ID no.	16		wages,		c.		
	NH	013-50-0	122				1239	932.43		
17	State incon	ne tax		18	Loca	ıl wages,	tips, et	ic.		
ı	5714.97			1		- "		248.45		
19	Local incor	ne tax		20	Loca	lity name	,			
	34865.85			1		,		a Park		

## 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	276627.8	Social Security Tax Withheld	21189.26	NH.State Income Tax Box 17 of W-2	5714.97
		Box 4 of W-2		Local Income Tax	34865.85
				Box 19 of W-2	
Fed. Income	29064.37	Medicare Tax	4918.82		
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 Secu	r Medicare	NH.State Wages,	Dana Park
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
276627.76	3E+05	276627.8	276627.8	276627.8
4214	4214	4214	4214	4214
869 29064.37 226374.13	N/A 29064.37 226374.13	N/A 29064.37 226374.13	869 29064.37 226374.13	N/A 29064.37 226374.13
	Compensation Box 1 of W-2 276627.76 4214 869 29064.37	Compensation Wages Box 1 of W-2 Box 3 of W-2  276627.76 3E+05 4214 4214 869 N/A 29064.37 29064.37	Compensation         Wages         Wages           Box 1 of W-2         Box 3 of W-2 Box 5 of W-2           276627.76         3E+05         276627.8           4214         4214         4214           869         N/A         N/A           29064.37         29064.37         29064.37	Compensation Wages Wages Tips, Etc. Box 1 of W-2 Box 3 of W-2 Box 5 of W-2  276627.76 SE+05 276627.8 276627.8  4214 4214 4214 869 N/A N/A 29064.37 29064.37 29064.37 29064.37

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

 Dr.
 Alexis
 Social Security Number:

 574
 Megan Motorway
 Suite 956
 Exemptions Allowance | EDERAL: 4 | STATE: 4 | North Matthew
 ND 2
 LOCAL:

© 2018 ADP, LLC

1	Wages, tips, other comp. 226374.13	2 Federa	al income tax withhel 29064.37	1	Wages, tips, o 226374		
3	Social security wages 276983.83						
5	Medicare wages and tips 169614.39	6 Medica	6 Medicare tax withheld 4918.82			Medicare wag 169614	
d	Control number Dept.	Corp.		nployer use only	d	Control number	er [
59	17313 150 Employer's name, address, and ZIF	codo	A	36		17313 Employer's na	mo addrose
	Shelton, Castillo		nd Crown		١١		ton, Cas
	39497 Jacob Fork	and bea.	ra Group				7 Jacob 1
		ND 21	793-7969			North	n Matthe
b	Employer's FED ID number 84-3289694	a Emplo	yee's SSA number 0		b	Employer's FI 84-328	ED ID number 9694
7	Social security tips 276983.83	8 Alloca	ted tips 169614.3	39	7	Social securit 276983	
9	Verification Code 0	10 Deper	ndent care benefits 249		9	Verification Co	ode 0
11	Nonqualified plans 219						plans
14	Other	12b   869				Other	
		12c   508					
		12d 13 Stat emp.	914 Ret. Plan 3rd party sid	t			
		0	0 x	ж рау			
e/f	Employees name, address and ZIP	code			e/f	Employees na	ime, address a
	Dr. Alexis					Dr.	Alexis
	574 Megan Motorway	Cuita !	056				Megan Mo
		4975-69				Joem	-
	0 0	49/5-69	21				0
15	State Employers' state ID no. NH 13-50-022	16 State	wages, tips, etc. 123932.4	13	15	State NH	Employers':
17	State income tax 5714.97	18 Loca	wages, tips, etc. 271248.4	15	17	State income 5714.9	
19	Local income tax 34865.85	20 Loca	lity name Dana Paz	rk	19	Local income 34865.	
	Federal Wage	Filing and	Cop	у	11		NH.State
	Ctotoma						5
						V-2	
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	226374.1	3				29064.37			
3				4 Social security tax withheld					
				21189.26					
5				6 Med	6 Medicare tax withheld				
	169614.3	9				4918.82			
d	Control number		Dept.	Corp.			r use only		
	7313		150	L	1	A		36	
С	Employer's name								
	Shelto	n, Cas	stillo	and E	eard G	roup			
	39497	Jacob	Fork						
	North	Matthe	w	ND	21793-	7969			
	1102 011					,,,,,			
b	Employer's FED	ID numbe	r	a Emp	loyee's SS	A number			
	84-32896	94				0			
_				l					
7	Social security ti 276983.8			8 Allo	cated tips	169614.39			
	2/0963.8	3		l		109014.39			
9	Verification Code	Ð		10 Dep	endent car	e benefits			
	0					249			
11	Nonqualified pla	ins		12a See instructions for box 12					
	219					4214			
14	Other			12b		869			
14	Other			12b 12c					
14	Other			12c 12d		869 508 914			
14	Other			12c 12d 13 Stat em	p. Ret. Plan	869 508 914 3rd party sick pay			
		o address	and 7ID a	12c 12d 13 Stat em 0		869 508 914			
	Other  Employees name	e, address	and ZIP co	12c 12d 13 Stat em 0	p. Ret. Plan	869 508 914 3rd party sick pay			
	Employees name			12c 12d 13 Stat em 0	p. Ret. Plan	869 508 914 3rd party sick pay			
	Employees name	Alexis	3	12c 12d 13 Stat em 0	p. Ret. Plan 0	869 508 914 3rd party sick pay			
	Employees name Dr. 574 Me	Alexis	s otorway	12c 12d 13 Statem 0	p. Ret. Plan 0	869 508 914 3rd party sick pay			
	Employees name Dr. 574 Me	Alexis	s otorway	12c 12d 13 Stat em 0	p. Ret. Plan 0	869 508 914 3rd party sick pay			
	Employees name Dr. 574 Me	Alexis	s otorway	12c 12d 13 Statem 0	p. Ret. Plan 0	869 508 914 3rd party sick pay			
e/f	Dr. 574 Me Joemou	Alexis gan Mo	otorway WV I	12c 12d 13 Statem 0 ode 7 Suit	p. Ret. Plan 0	869 508 914 3rd party sick pay			
e/f	Dr. 574 Me Joemou	Alexis gan Mo	wv :	12c 12d 13 Statem 0 ode 7 Suit	p. Ret. Plan 0	869 508 914 3rd party sick pay			
	Dr. 574 Me Joemou	Alexis gan Mo th Employers	wv :	12c 12d 13 Statem 0 ode	p. Ret. Plan 0	869 508 914 3rd party sick pay			
e/f	Employees name Dr. 574 Me Joemou 0 State NH	Alexis gan Mo th Employers	wv :	12c 12d 13 Statem 0 ode	p. Ret. Plan 0	869 508 914 3rd party sick pay x x ips, etc. 123932.43			
e/f	Employees name Dr. 574 Me Joemou 0 State NH	Alexis gan Mo th Employers	wv :	12c 12d 13 Statem 0 ode	p. Ret. Plan 0	869 508 914 3rd party sick pay x			
e/f	Employees name Dr. 574 Me Joemou 0 State NH State income ta 5714.97	Alexis gan Mo th  Employers 13-50-02	wv :	12c 12d 13 Stat em 0 ode 7 Suit 14 975 -	p. Ret. Plan 0	969 508 914 3rd party sick pay x ips, etc. 123932.43 ips, etc. 271248.45			
e/f	Dr. 574 Me Joemou 0 State NH State income ta 5714.97	Alexis gan Mo th  Employers 13-50-02	wv :	12c 12d 13 Stat em 0 ode 7 Suit 14 975 -	p. Ret. Plan 0	969 914 3rd party sick pay x ips, etc. 123932.43 ips, etc. 271248.45			
e/f	Employees name Dr. 574 Me Joemou 0 State NH State income ta 5714.97	Alexis gan Mo th  Employers 13-50-02	wv :	12c 12d 13 Stat em 0 ode 7 Suit 14 975 -	p. Ret. Plan 0	969 508 914 3rd party sick pay x ips, etc. 123932.43 ips, etc. 271248.45			
e/f	Employees name Dr. 574 Me Joemou 0 State NH State income ta 5714.97 Local income ta 34865.85	Alexis gan Mo th  Employers 13-50-02	otorway WV :	12c 12d 13 Statem 0 ode 7 Suit L4975- 16 Sta 18 Loc	p. Ret. Plan 0	969 508 914 3rd party sick pay x ips, etc. 123932.43 ips, etc. 271248.45 Dana Park			
e/f	Employees name Dr. 574 Me Joemou 0 State NH State income ta 5714.97 Local income ta 34865.85	Alexis  gan Mo  th  Employers  13-50-02	S btorway WV :	12c 12d 13 Statem 0 ode 7 Suit L4975- 16 Sta 18 Loc 20 Loc	p. Ret. Plan 0	969 914 3rd party sick pay x ips, etc. 123932.43 ips, etc. 271248.45			
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e/f	Employees name Dr. 574 Me Joemou 0 State NH State income ta 5714.97 Local income ta 34865.85	Alexis gan Mo tth  Employers 13-50-02 ix	S btorway WV :	12c 12d 13 Stat em 0 ode 7 Suit 14 975- 16 Sta 18 Loc 20 Loc Filing and	p. Ret. Plan 0	969 508 914 3rd party sick pay x ips, etc. 123932.43 ips, etc. 271248.45 Dana Park			

2 Federal income tax withheld

3	Social security wages			4 Social security tax withheld					
L	276983.83			21189.26					
5	169614.39			6 Medicare tax withheld 4918.82					
d 594	d Control number Dept. 5947313 150						Employer use only A	36	
c	Employer's name, address, and ZIP of						^		
	Shelto	on. Cas	stillo	and	i Be	ard G	roup		
		Jacob							
		Matth			_	1793-	70.00		
	NOTEN	Matthe	∌W	ND	-	1/93-	7969		
	Ü								
b	Employer's FED	ID numbe	r	а	Emplo	yee's SS/	A number		
	84-32896	94					0		
7	Social security t	ine		8	Alloca	ted tips			
ľ	276983.8					ica iipo	169614.39		
9	Verification Cod	e		10	Depe	ndent care	benefits 249		
	·						243		
11	Nonqualified pla	ans		12a See instructions for box 12					
	219			1 4214					
14	Other			12b   869					
				12c   508					
				12d   914 13 Stat emp. Ret. Plan 3rd party sick pay					
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e/f	Employees nam	e, address	and ZIP c				•		
	Dr.	Alexi	-						
	574 M∈	egan Mo	otorway	, Sı	ıit∈	956			
	Joemou	ıth	WV :	14975-6921					
	0								
15	State	Employers	state ID no	16	State	wanes ti	ins etc		
		13-50-02			Olule	mugeo, t	123932.43		
17									
17	State income to 5714.97	ax		18 Local wages, tips, etc. 271248.45					
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19				20 Locality name					
	34865.85						Dana Park		
Г	Ci	ity or Lo	cal	Fil	ing		Сору		
	Wage				nd	Tax			
١.			Stateme				2040		
V	W-2 Statement						2018		
Сор	y 2 to be filed with	employee's	City or Loc	al Inc	ome T	ax Return	OMB No. 1545-0008		