		Employe	е	Refe	erenc	е	Сору		
			Wage	a	ind	Tax			
١.			Statemen				0040		
V	V-2						2018		
Con	y C for employ	no'e rocorde					OMB No. 1545-0	8000	
d	Control numl		Dept.	Con	,		Employe	er use only	
600	1751	Dei	150	Con	<i>.</i>		A	ii dae only	36
С	Employer's I								
	Ortega	a-Hayde	en and	Sons	3				
	5540 E	Best Sp	oring A	ot.	471				
			N 409						
	0								
				Ba	ıtch		#02021		
e/f	Employees i	name, addr	ess and ZIP	code					
	Candio	ce Ay	yala						
	91360	Stewar	rt. Run						
	Fact I	Brandor	nfort M	T 20	9861	-5438			
	Last I	JI andoi	IIOI C M		,001	3430			
	-								
b	Employer's		nber	а	Emplo	yee's SSA			
	13-08858	320					442-19-5090		
1	Wages, tips,	other com	n	2	Feder	al income	tax withheld		
	214777.8		φ.	1	· cuci		69719.39		
3	Social secur 208437.4			4	Socia	security t	ax withheld 15945.46		
	200437.4	•					15945.40		
5	Medicare wa	nos and tir	ne	6	Medic	are tax wit	thheid		
1	209166.8			1			6065.84		
7	Social secur			8	Alloca	ted tips			
	208437.4	1					209166.83		
9	Verification (Code		10	Dene	ndent care	benefits		
ľ	0			1			225		
_									
11	Nonqualified 154	d plans		12a	See ii	nstructions	s for box 12		
	154				н		8519		
14	Other			12b			585		
				12c			488		
				12d			552		
				13 St	at emp.	Ret. Plan 0	3rd party sick pay		
15	State	Employers	state ID no.	16	State	wages, ti	ps. etc.		
	IA	242-62-4					117313.96		
L				1					
17	State incon 8467.42	ne tax		18	Loca	I wages, ti	ips, etc. 206854.45		
1	0407.42						200034.45		
19	Local incor			20	Loca	lity name			
1	22015.33			1			Benjamin Ext	ension	

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	300442.7	Social Security Tax Withheld Box 4 of W-2	15945.46	IA.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	8467.42 22015.33
Fed. Income	69719.39	Medicare Tax	6065.84		
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 Compensation Box 1 of W-2	Social Secu Wages Box 3 of W-2	r Medicare Wages 2 Box 5 of W-2	IA.State Wages, Tips, Etc. Box 16 of W-2	Benjamin Extension Local Wages, Tips, Etc. Box 18 of W2	
Gross Pav	300442.72	3E+05	300442.7	300442.7	300442.7	
Plus GTL (C-Box 12)	8519	8519	8519	8519	8519	
Less 401(k) (D-Box 2) Less Other Café 125	585 69719.39	N/A 69719.39	N/A 69719.39	585 69719.39	N/A 69719.39	
Reported W-2 Wages	214777.87	214777.87	214777.87	214777.87	214777.87	

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

Candice Ayala 91360 Stewart Run Laurafurt IN 40913-568 Social Security Number: 442-19-508
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

© 2018 ADP, LLC

	Wages, tips, othe 214777.87	comp.	2	Federal	income	tax withheld 69719.39			
3	Social security wa	ages	4	Social s	security t	ax withheld			
	208437.4			15945.46					
5 Medicare wages and tips				6 Medicare tax withheld					
	209166.83			6065.84					
d	Control number	Dept.	Corp	p.		Employer use only			
600	1751	150				A	36		
С	Employer's name	, address, and ZIP	code						
	Ortega-Ha	ayden and S	ons	3					
	5540 Best	t Spring Ap	t.	471					
	Laurafur	t IN 4091							
	0								
b	Employer's FED I	D number	a	Employ	ee's SSA	number			
	13-0885820					0			
7	Social security tip	ns .	8	Allocate	ed tips				
	208437.4		1			209166.83			
9	Verification Code		10	Depen	dent care	benefits 225			
	·					223			
11	Nonqualified plan	ıs	12a	12a See instructions for box 12					
	154								
14	Other		12b	н		8519 585			
	Other		12c						
			12d			552			
			13 St		et. Plan	3rd party sick pay			
				0	0	×			
e/f	Employees name	address and ZIP	code						
	Candice	Ayala							
		Ayara							
		ewart Run							
	East Bran	ewart Run ndonfort MI	29	9861-	5438				
			29	9861-	5438				
15	East Bra	ndonfort MT				ns etc			
15	East Bran		16		5438 wages, ti	ps, etc. 117313.96			
	East Brai	ndonfort MT loyers' state ID no. 52-405	16	State	wages, ti	117313.96			
	East Brain 0 State Emp 1A 42-6 State income tax	ndonfort MT loyers' state ID no. 52-405		State		117313.96 ips, etc.			
	East Brai	ndonfort MT loyers' state ID no. 52-405	16	State	wages, ti	117313.96			
	State Emp 1A 42-4 State income tax 8467.42 Local income tax	ndonfort MI loyers' state ID no. 52-405	16	State	wages, ti	117313.96 ips, etc. 206854.45			
17	East Brai	ndonfort MI loyers' state ID no. 52-405	16	State	wages, ti wages, t	117313.96 ips, etc.			
17	East Brai 0 State Emp 1A 42-4 State income tax 8467.42 Local income tax 22015.33	ndonfort MI loyers' state ID no. 52-405	16 18 20	State	wages, ti wages, t	117313.96 ips, etc. 206854.45			
15	East Brai 0 State Emp 1A 42-4 State income tax 8467.42 Local income tax 22015.33	ndonfort MI loyers' state ID no. 52-405	16 18 20	State v	wages, ti wages, t	117313.96 ips, etc. 206854.45 Benjamin Extension			
17	East Brai 0 State Emp 1A 42-4 State income tax 8467.42 Local income tax 22015.33	ndonfort MI loyers' state ID no. 52-405	16 18 20 Fi	State Local Locali	wages, ti wages, ti ty name	117313.96 ips, etc. 206854.45 Benjamin Extension			

1	Wages, tips, oth 214777.8			2 Federal income tax withheld 69719.39								
3	Social security	wages		4 Social security tax withheld								
	208437.4			-50.		15945.46						
5	Medicare wages	and tins		6 Medi	care tax wi	thheld						
	209166.83					6065.84						
d	Control number		Dept.	Corp.	1	Employer use only						
_	1751		150	Curp.		A Employer use only	36					
C	Employer's nam	o addrose		odo	1	^	30					
		Ortega-Hayden and Sons										
		5540 Best Spring Apt. 471										
	Laurafurt IN 40913-5681											
	Lauraturt IN 40913-5061											
b	Employer's FED	ID number		a Emp	loyee's SS/	A number						
-	13-08858			Linp	.0,000 8 00/	0						
	25 00050					-						
7	Social security	tips		8 Alloc	ated tips							
	208437.4	1				209166.83						
9	Verification Cod	le		10 Dependent care benefits								
	0					225						
11	Nonqualified pl	ane		129 500	inetruction	s for box 12						
	nonquaimed plans		TEA GOO MICH GOLDING TO BOX 12									
	-5-			н 8519								
14	Other			12b 585								
			12c		488							
				12d	i	552						
				13 Stat emp	p. Ret. Plan	3rd party sick pay						
				0	0	×						
e/f	Employees nam	ie, address	and ZIP co	ode								
	Candio	ce Ay	ala									
	91360 Stewart Run											
		Brandor		ит 208	61-543	Ω						
	East	JI andon	TOLU I	11 290	01 343	•						
	0											
15	State	Employers'	state ID no	16 Sta	te wages, ti	ins. etc.						
	IA	42-62-40		Jua	musico, ti	117313.96						
17	State income t	ax		18 Loc	al wages, t							
	8467.42					206854.45						
					-84							
19	Local income tax			20 Loc	ality name	B						
	22015.33				Benjamin Extension							
		IA.State		Filina		Copy						
				and	Tax	300,						
			Wage		· cox							
W	1-2		vvage Stateme		·	2018						
٧	V-2				Tux	2018						

1	Wages, tips, oth			2	Feder	al income	tax withheld 69719.39				
3	Social security v			4 Social security tax withheld 15945.46							
_	5 Medicare wages and tips					are tax wi					
5	209166.8			6	Medic	are tax wi	tnneia 6065.84				
			D	0	_						
	Control number 1751		Dept. 150	Con	р.		Employer use only A	36			
c	Employer's nam	o addrose		ode			^	30			
•		-Hayde			ns						
	5540 E	Best St	ring A	hpt	. 47	1					
	5540 Best Spring Apt. 471 Laurafurt IN 40913-5681										
	Laura	Luit II	40:	,13	-500	-					
	U										
b	Employer's FED	ID numbe	,	а	Emplo	voo's \$\$	A number				
	13-08858	•	_	Linpic	,,	0					
7	Social security t			8	Alloca	ted tips					
	208437.4		209166.83								
9	Verification Cod			10 Dependent care benefits							
9	verification Cod	e		10	Depe	ndent care	225				
	۰					223					
11	Nonqualified plans				12a See instructions for box 12						
	154										
			н 8519 12b 585								
14	Other			12b			488				
				12c			552				
							3rd party sick pay				
					0	0	x				
e/f	Employees nam	e, address	and ZIP co	ode	•						
	Candio	ce Ay	ala								
	91360	Stewar	+ Dun								
				_			_				
		Brandor	ifort M	1T	2986	1-543	8				
	0										
15	State	F	state ID no	40	Ctate		ina ata				
13	IA	42-62-40		10	State	wayes, t	117313.96				
		02 -0	-				117313.30				
17	State income t	ax		18	Loca	l wages, t	ips, etc.				
	8467.42						206854.45				
					_						
19	Local income t			20	Loca	lity name	B				
	22015.33						Benjamin Extension				
	C	ity or Lo	201	E	iling		Сору				
	C	ity of Lot				T	Сору				
			Wage		and	Tax					
۱۸	I-2		Stateme	ent			2018				
-											
Con	v 2 to be filed with	employee's	City or Loc	al In	come T	ax Return	OMB No. 1545-0008				