		Employe	e l	Refe	erenc	е		Сору			
			Wage	á	and	Tax					
١,	1 2		Statemen	it				0040			
V	V-Z										
Cop	y C for employ	ee's records	i.				OME	3 No. 1545-00	800		
		ber	Dept.	Con	p.			Employer			
808	32722		150				Α			36	
С	Employer's I	name, addr	ess, and ZIP	code	,						
	Lee-Pl	hillips	s and Sc	ns							
	N-2 Stater Dyc for employee's records. Control number Det. De	r Lakes	A	pt.	032						
	Silvar	port	MD 2	173	37-9	247			18 1545-0008 1545-0008 2021 2021		
	0										
										e only	
				Ra	atch			#02021			
								.0202.			
e/f	Employees i	name, addr	ess and ZIP	code							
	Carlos	s Mi	iller								
	695 Ca	ampbell	L Burg S	uit	te 2	09					
			ourgh	ND	59	633-0	194				
	0										
b	Employer's	FED ID nun	nber	а	Emplo	oyee's SS	A num	ber			
	93-80277	739					233	-88-5197			
1	Wages, tips,	other com	D.	2	Feder	al income	tax w	ithheld			
							122	02.99			
3	Social secur	ity wages		4	Social	I security	tax wi	thheld			
								0.33			
				-							
5			os	6	Medic	are tax w					
	74714.55	•					216	6.72			
7				8	Alloca	ited tips					
	47455.25	5					747	14.55			
9		Code		10	Depe	ndent car		efits			
	0						127				
11	Nonqualifie	d plans		12a	See ii	nstruction	ns for b	oox 12			
	197							_			
14	Other			12b	GG		967	8			
				12c			221				
				12d		Ret. Plan	297	arty sick pay			
				13 5	tat emp.	Ket. Plan	ara pa	arty sick pay			
15				16	State	wages, t					
	IL	345-29-9	78				349	07.4			
17	State incon	ne tax		18	Loca	ıl wages, ı					
	3391.74						797	74.73			
19	Local incor	ne tax		20	Loca	lity name					
	9555.09			1				Meadow			

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	81398.93	Social Security Tax Withheld	3630.33	IL.State Income Tax Box 17 of W-2	3391.74
		Box 4 of W-2		Local Income Tax	9555.09
				Box 19 of W-2	
Fed. Income	12202.99	Medicare Tax	2166.72		
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		IL.State Wages,	Day Meadow	
	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	81398.93	81399	81398.93	81398.93	81398.93	
Plus GTL (C-Box 12)	9678	9678	9678	9678	9678	
Less 401(k) (D-Box 2) Less Other Café 125 Reported W-2 Wages	764 12202.99 65565.61	N/A 12202.99 65565.61	N/A 12202.99 65565.61	764 12202.99 65565.61	N/A 12202.99 65565.61	

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

Carlos Miller	Social Security Number: Taxable Marital Status:	233-88-5197 MARRIED	
695 Campbell Burg Suite 209	Exemptions/Allowances: FEDERAL: 4 STATE: 4	-	
Silvaport MD 21737-	LOCAL:		

© 2018 ADP, LLC

1	Wages, tips, oth	er comp.	2	Federa	I income	tax withheld 12202.99			
2	Social security	wage.	12202.99 4 Social security tax withheld 3630.33 6 Medicare tax withheld 2166.73 Corp. A Employer use only A 36 only 36						
	47455.25		1						
5	Medicare wages and tips			Modica	ro tav wi				
•	74714.55	una upo	ľ	ca.oc					
d	Control number	Dept.	Corr	,		Employer use only			
	32722	150	COIP	-					
С		e, address, and ZIP	code						
		llips and Se							
		-		ot. (132				
	Silvapo		-						
	Silvapo	EC MD	21/3	57-92	4/				
	U								
b	Employer's FED	ID number	а	Emplo	vee's SS	A number			
	93-8027739		ľ		,				
7	Social security t	ips	8	Allocat	ed tips	·			
	47455.25					74714.55			
a	Verification Cod	•	10	Dener	dent car	o honofits			
-	0	-	1.0	Jopan	_ Jan Jan				
11	Nonqualified plans			12a See instructions for box 12					
	197								
14	Other		12h						
14	Other								
			13 St	tat emp.	Ret. Plan	3rd party sick pay			
				0	×	x			
e/f	Employees nam	e, address and ZIP	code						
	Carlos	Miller							
	695 Camp	bell Burg :	Suit	e 20	9				
	Port Del	bieburgh	ND	596	33-01	194			
	0								
b 7 9 11 14		ployers' state ID no.	16	State	wages, t				
	IL 45	-29-978				34907.4			
	State income t	av .	18	Local	wanes 1	tins atc			
17	3391.74		1.0	Local					
17			1						
17	3391.74			Land	itv name				
	Local income t	ax	20	Local					
		ax	20	Local		Day Meadow			
	Local income t								
	Local income t	ederal	Fi	ling		Copy			
	Local income t	ederal Wage	Fi		Tax				
	Local income t	ederal	Fi	ling	Tax	Сору			
19 V	Local income t 9555 . 09	ederal Wage Stateme	Fi a	lling					

1 Wages, tips, other comp. 65565.61			2 Federal income tax withheld 12202.99							
-				4 Social security tax withheld						
3	47455.25			4 Social security tax withheld 3630.33						
5	Medicare wages and tips		6	Medic	are tax wi					
	74714.55		2166.72							
d	Control number	Dept.	Corp).		Employer use only				
	2722	150				A 36	3			
С	Employer's name, addres									
	Lee-Phillip									
	3086 Jennif	er Lake	es i	Apt.	032					
	Silvaport	MD	21	737-	9247					
	0									
_										
b	Employer's FED ID number	er	а	Emplo	oyee's SS	A number				
	93-8027739					0				
7	Social security tips		8	Alloca	ted tips					
	47455.25				-	74714.55				
_				_						
9	Verification Code		10	Depe	ndent car	e benefits				
	v					127				
11	Nonqualified plans		12a	See in	nstruction	ns for box 12				
	197									
14	Other		12b	GG		9678 764	_			
14	Other		120			1 221	_			
			12d			297				
			13 St	at emp.	Ret. Plan	3rd party sick pay				
_				0	×	x				
e/f	Employees name, address	s and ZIP co	ode							
	Carlos M	iller								
	695 Campbel		Su	ite	209					
	Port Debbie	_			9633-	0194				
	roit bebbie	burgii	IN		19033-	0134				
	v									
15		s' state ID no	16	State	wages, t	tips, etc.				
	IL 45-29-9	78				34907.4				
17	State income tax		18	Loca	l wages, t	tine atc				
17	3391.74		10	LUCA	ıı wayes, ı	79774.73				
19	Local income tax		20	Loca	lity name					
	9555.09					Day Meadow				
\vdash	IL.State	,	Fi	ling		Сору				
	iL.Oldic	Wage		ınd	Tax	COP,				
١				iiiu	ıax					
W	V-2	Stateme	ııı			2018				
Con	y 2 to be filed with employee	s State Inco								
CUP	y 2 to be med with employee	J CLUIC II ICU	14	un 1/011		OHID 140. 1040 0000				

1	Wages, tips, other con 65565.61	ıp.	2 Federal income tax withheld 12202.99					
3	Social security wages 47455.25		4 Social security tax withheld 3630.33					
5	Medicare wages and to 74714.55	ps	6 Medicare tax withheld 2166.72					
d	Control number	Dept.	Corp.		Employer use only			
808	32722	150			A	36		
С	Employer's name, add	ress, and ZIP of	ode					
	Lee-Phill	-						
	3086 Jenn	ifer Lake	es Apt.	032				
	Silvaport	MD	21737-	9247				
b	Employer's FED ID nu	mber	a Emplo	yee's SSA	number			
	93-8027739				0			
7	Social security tips 47455.25		8 Alloca	ed tips	74714.55			
9	Verification Code		10 Deper	dent care	honofite			
•	0		то ворог		127			
11	Nonqualified plans		12a See in	etructions	for box 12			
	197							
14	Other		GG 12b		9678 764			
	Other		12c		221			
			12d	i	297			
			13 Stat emp. 0	Ret. Plan x	3rd party sick pay			
e/f	Employees name, add	ress and ZIP c						
	Carlos	Miller						
	695 Campb		Suite	209				
	-	-			104			
	Port Debb	leburgn	כ עא	9633-0	1194			
15	State Emplo	yers' state ID no 0-978	16 State	wages, tip	os, etc. 34907.4			
17	State income tax		18 Local	wages, tip	ne ata			
17	3391.74		io Loca		79774 . 73			
19	Local income tax 9555.09		20 Local	ity name	Day Meadow			
	City or		Filing	т	Сору			
		Wage	and	Tax				
v	V-2	Stateme	ent		2018			