		Employe	e l	Refe	erence	е	С	ору			
		,	Wage	а	ind	Tax		.,			
١.			Statemen			-	_	040			
V	V-2						2	018			
Сор	y C for employ	ee's records	i.				OMB I	No. 1545-00	80		
d	Control numl	ber	Dept.	Corp).			Employer	use only		
489	0115		150				Α			36	
С	Employer's	name, addr	ess, and ZIP	code							
			Sons Gro								
	929 Cl	napman	Islands								
		sonland			850	080-7	940				
	0										
				ъ-	itch			00004			
				Ба	itcn		#	02021			
e/f	Employees i	name, addr	ess and ZIP	code							
	Kennet	th I	Ramos								
	87967	Mende	z Drive								
	South	Stacys	side	ME	: :	59078	-0703	3			
	0										
b	Employer's	CED ID		а	Emala	yee's SS	A				
ь	81-27024		iibei	d	Emplo	yee s ss		ei 20-3154			
1	Wages, tips, 172859.1		p.	2	Federa	Il income	tax witi 4561				
3	Social secur 180323.3			4	Social	security	tax with				
	180323.3	33					13/9	1.73			
5	Medicare wa	iges and tip	os	6	Medica	are tax w	ithheld				
	223594.1	16					6484	.23			
7	Social secur	ity tine		8	Allocat	ted tips					
′	180323.3				Anded	ieu iiþs	2235	94.16			
9					B						
9	Verification 0			10	Deper	ndent car	e beneti 166	its			
Ш											
11	Nonqualified 279	d plans		12a	See in	struction	ns for bo	x 12			
L					P		5747				
14	Other			12b 12c			781				
				12c			848 1 758				
						Ret. Plan		y sick pay			
15	State	Feedower	state ID no.		×	x wages, t		0			
15	State NE	Employers 838-32-7		16	State	wages, t	9204:				
L				<u> </u>							
17	State incon			18	Local	wages,		L7.36			
19	Local incom	ne tax		20	Local	ity name		Week			
1	∠4460.76			1			Mary	Neck			

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	232267.2	Social Security Tax Withheld Box 4 of W-2	13794.73	NE.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	10719.71 24460.76
Fed. Income	45613.3	Medicare Tax	6484.23		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SU/SD/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		NE.State Wages,	Mary Neck	
	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages 2 Box 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2	
Gross Pay	232267.15	2E+05	232267.2	232267.2	232267.2	
Plus GTL (C-Box 12)	5747	5747	5747	5747	5747	
Less 401(k) (D-Box 2) Less Other Café 125	781 45613.3	N/A 45613.3	N/A 45613.3	781 45613.3	N/A 45613.3	
Reported W-2 Wages	172859.12	172859.12	172859.12	172859.12	172859.12	

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

1 Wages, tips, other comp.

Kenneth Ramos	Social Security Number: Taxable Marital Status:	579-20-3 MARRIE
Reillie Cli Ramos	Exemptions/Allowances:	
87967 Mendez Drive	FEDERAL: 4	
07507 Hendez Diive	STATE: 4	
Morrisonland WY 8	LOCAL:	

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	172859.12			2 Federal income tax withheld 45613.3						
3	Social secur 180323.3			4 S	4 Social security tax withheld 13794.73					
5	Medicare wa 223594.1		os	6 M	edicare tax		I 1.23			
d	Control numi	her	Dept.	Corp.			Employer use only			
_	0115		150	Ourp.		Α	31			
С	Employer's I	name, addı	ess, and ZIP	code						
			Sons Gro	-						
	929 Cl	napman	Islands							
	Morris	sonland	i WY		85080-	7940				
b	Employer's		nber	a E	mployee's S	SA num	ber			
	81-27024	182				0				
7	Social secur	ity tine		8 A	llocated tips					
,	180323.3			• A	nocated tips		594.16			
9	Verification (Code		10 D	Dependent c	are bene	rfits			
	0					166				
11	Nonqualifie	d plane		122 6	ee instructi	one for h	nov 12			
	Nonqualified 279	ı piariS		12a S	ee mstructi) 101 enc	JUX 12			
					P	574	7			
14	Other			12b		781				
				12c		848				
				12d		758				
				13 Stat	emp. Ret. Plar	3rd p	arty sick pay 0			
e/f	Employees i	name, addr	ess and ZIP of				•			
	Kennet		Ramos							
			Ramos z Drive							
	87967		z Drive	ME	5907	3-070	3			
	87967	Mende	z Drive	ME	5907	3-070	3			
15	87967 South	Mende: Stacy:	z Drive							
15	87967 South 0	Mende: Stacy:	z Drive side		5907	, tips, et				
	87967 South 0	Mende: Stacy: Employers 38-32-73	z Drive side	16 5		, tips, et	c. 41.46			
15	87967 South 0 State NE	Mende: Stacy: Employers 38-32-73	z Drive side	16 5	State wages	, tips, et 920	c. 41.46			
17	87967 South 0 State NE State incon 10719.71	Mende: Stacy: Employers 38-32-73 ne tax	z Drive side	16 S	State wages	, tips, et 920 , tips, et 156	c. 41.46			
	87967 South 0 State NE State incon	Mende: Stacy: Employers 38-32-73 ne tax	z Drive side	16 S	State wages	, tips, et 920 , tips, et 156	c. 41.46			
17	87967 South 0 State NE State incon 10719.71	Mende: Stacy: Employers 38-32-73 ne tax	z Drive side 'state ID no.	16 \$	State wages Local wages Locality nan	, tips, et 920 i, tips, et 156 le Mar	c. 41.46 cc. 717.36			
17	87967 South 0 State NE State incon 10719.71	Mende: Stacy: Employers 38-32-73 ne tax	z Drive side side state ID no.	16 S	State wages Local wages	, tips, et 920 i, tips, et 156 le Mar	c. 41.46 cc. 717.36			
17	87967 South 0 State NE State incon 10719.71	Mende: Stacy: Employers 38-32-73 ne tax	z Drive side 'state ID no.	16 S	State wages Local wages Locality nan	, tips, et 920 , tips, et 156 ee Mar	c. 41.46 cc. 717.36			

1	Wages, tips, other comp. 172859.12			2 Federal income tax withheld 45613.3						
3	Social security wages 180323.33			4 Social security tax withheld 13794.73						
5		Medicare wages and tips								
5	223594.16				6 Medicare tax withheld 6484.23					
d	Control number	Dept. 150	Corp).		Employer use only A	36			
C	Employer's name, address		ode			^	30			
•	Garcia and			р						
	929 Chapman	Island	ds .	•						
	Morrisonlan	d t	VΥ	8	5080-	7940				
	0									
b	Employer's FED ID number	ır	a	Emplo	yee's SS	A number				
	81-2702482					0				
7	Social security tips		8	Allocat	ed tips					
	180323.33					223594.16				
9	Verification Code		10 Dependent care benefits							
	0					166				
11	Nonqualified plans		12a See instructions for box 12							
	279			p		5747				
14	Other		12b			781				
			12c			848				
			12d		Ret. Plan	758 3rd party sick pay				
				at emp. i	Ket. Plan	O O				
e/f	Employees name, address	and ZIP co								
	Kenneth 1	Ramos								
	87967 Mende	z Drive								
	South Stacy:			ME	5907	78-0703				
	0									
15		' state ID no	16	State	wages, 1					
	NE 38-32-73	30				92041.46				
17	State income tax		18	Local	wages,	tips, etc.				
	10719.71					156717.36				
19	Local income tax		20	Local	ity name)				
	24460.76					Mary Neck				
	NE.State	е	Fil	ling		Сору				
		Wage		ınd	Tax					
v	V-2	Stateme	ent			2018				
-			_			_0.0				
Cop	y 2 to be filed with employee's	State Inco	me Ta	ax Ketu	m	OMB No. 1545-0008				

1	172859.12			45613.3					
3	Social security w		4 Social security tax withheld						
	180323.3	13794.73							
5	Medicare wages		6 Medicare tax withheld						
	223594.1		6484.23						
	Control number	Dept.	Corp.		Employer use only				
489 C	0115	e, address, and ZIP of			A	36			
C									
	Garcia and Sons Group								
	929 Chapman Islands								
	Morris	onland V	WY	85080-	7940				
	0								
		_							
b	Employer's FED 81-27024		a Emp	loyee's SSA	N number 0				
	81-2/024	82			U				
7	Social security ti		8 Alloc	ated tips					
	180323.3	3			223594.16				
9	Verification Code		10 Don	endent care	honofite				
,	0	•	10 Dep	endent care	166				
11	Nonqualified pla	ins	12a See instructions for box 12						
	279		P		5747				
14	Other		12b		781				
			12c		848				
			12d		758				
				. Ret. Plan	3rd party sick pay				
e/f	Employees name	e, address and ZIP c	x ode	×	0				
		.,							
	Kennet	h Ramos							
	87967	Mendez Drive	a						
		Stacyside		5907	8-0703				
	Douch	beacyside	1111	3307	0 0703				
	·								
15		Employers' state ID no	16 Sta	te wages, ti					
	NE	38-32-730			92041.46				
17	State income ta	×	18 Loc	al wages, t	ins. etc.				
l"	10719.71			ui wugoo, t	156717.36				
_									
19	Local income to 24460.76	ıx	20 Loc	ality name	Mary Neck				
	24460.76				mary Neck				
	Ci	ty or Local	Filing		Сору				
1	O.		and		·-r/				
l		Stateme		IUA					
M	<i>I</i> -2	Stateme	511L		2018				
Con	v 2 to be filed with	employee's City or Loc	cal Income	Tax Return	OMB No. 1545-0008				
	,	Only or Loc							

2 Federal income tax withheld