		Employe	e l	Refe	erenc	е		Сору		
			Wage	á	and	Tax				
۱۸	V-2		Statemen	ıt				2018		
V	V-Z									
	y C for employ		3.				OME	3 No. 1545-0008		
	Control num	ber	Dept. 150	Con	D.			Employer use o	nly 36	
935	2203		150				Α		36	
С	Employer's	name, addı	ess, and ZIP	code	1					
	Fowle	r and	Sons and	l Sc	ons					
	35224	Amber	Fall Ap	t.	314					
	Jodifi	ırt	IA	104	132-	5900				
	0									
				Ва	itch		1	#02021		
e/f	Employees	name, addr	ess and ZIP	code						
	Michel		Stewart							
			n Mounta				31			
	Dakota		HI	88	3190	-8815				
	0									
b	Employer's		nber	а	Empl	oyee's SS				
	24-68375	501					736	-50-6573		
1	Wages, tips,		p.	2	Feder	al income				
	101030.4	19					149	46.9		
3	Social security wages				4 Social security tax withheld					
	117195.4	1					896	5.45		
5	Medicare wa	age and ti	ne .	6	Modic	are tax w	ithholo			
1	108538.8		J5		medic	are tax w		7.63		
7	Social secur			8	Alloca	ted tips	108	538.83		
9	Verification	Code		10	Depe	ndent ca	re bene 277	efits		
							211			
11	Nonqualifie	d plans		12a	See i	nstructio	ns for b	oox 12		
	123				EE		791	Я		
14	Other			12b			890			
				12c			1 372 1 154			
						Ret. Plan		arty sick pay		
				ļ	0	×		x		
15	State	Employers 219-95-8	' state ID no.	16	State	wages,		c. 62.33		
17	State incon	ne tax		18	Loca	ıl wages,		tc. 92.37		
_										
19	Local incor			20	Loca	lity name		dall Cliff		

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	124942.8	Social Security Tax Withheld	8965.45	CO.State Income Tax Box 17 of W-2	3142.29
		Box 4 of W-2		Local Income Tax Box 19 of W-2	12060.19
Fed. Income	14946.9	Medicare Tax	3147.63		
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 Secu	r Medicare	CO.State Wages,	Randall Cliff
	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	124942.84	1E+05	124942.8	124942.8	124942.8
Plus GTL (C-Box 12)	7918	7918	7918	7918	7918
Less 401(k) (D-Box 2) Less Other Café 125	890 14946.9	N/A 14946.9	N/A 14946.9	890 14946.9	N/A 14946.9
Reported W-2 Wages	101030.49	101030.49	101030.49	101030.49	101030.49

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

Michele Stewar	-		Social Security Number: Taxable Marital Status:			
MICHELE SCEWAL	-	Exemptions/Allowa	ances:			
42477 Steven Mounta	ains Suite 231	FEDERAL:	4			
		STATE:	4			
Jodifurt IA	10432	LOCAL:				

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1	Wages, tips, of 101030.49		p.	2 Federal income tax withheld 14946.9 4 Social security tax withheld					
3									
3	117195.4	wages		•	oucia	security	8965		
5	Medicare wage	s and ti	os	6	Medic	are tax w	ithheld		
	108538.83						3147	. 63	
d	Control numbe	r	Dept.	Corp	p.			Employer use only	
	2203		150				Α	36	
С	Employer's na	me, addı	ess, and ZIP	code					
	Fowler	and a	Sons and	l Sc	ons				
	35224 A	Amber	Fall Ap	t.	314				
	Jodifur	rt.	TA	104	132-	5900			
	0								
b	Employer's FE		nber	а	Emplo	oyee's SS		per	
	24-683750	1					0		
7	Social security	tins		8	Alloca	ited tips			
•	117195.4			ľ			1085	38.83	
				_					
9	Verification Co	ode		10	Depe	ndent car		lits	
	0			1			277		
11	Nonqualified p	olans		12a	See in	nstruction	s for b	ox 12	
	123								
	0.1			401	EE		7918		
14	Other			12b 12c			890		
				12d			154		
						Ret. Plan		rty sick pay	
					0	×		x	
e/f	Employees na	me, addr	ess and ZIP	code					
	Michele		Stewart						
		-		-	_				
			n Mounta				31		
	Dakotab	oury	HI	88	3190	-8815			
	0								
15	State E	mnlovers	state ID no.	16	State	wages, t	ine oto	,	
		mployers 9-95-89		1.0	Jialt	/ayes, l	5246		
				_					
17	State income	tax		18	Loca	ıl wages, 1			
	3142.29			1			8359	2.37	
19	Local income	tax		20	Loca	lity name			
	12060.19						Rand	all Cliff	
				Щ.					
	F	edera			ling		(Сору	
			Wage	а	and	Tax			
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٧	V-2			nt			2	018	

	Wages, tips, other comp. 101030.49	2 Federal income tax withheld 14946.9							
3	Social security wages	4 Social security tax withheld							
	117195.4	8965.45							
5	Medicare wages and tips		6 Medic	are tax wit	hheld				
-	108538.83				3147.63				
4	Control number	Dept.	Corp.		Employer use only				
	2203	150	Cup.		A	36			
	Employer's name, address		ode		^	30			
•	Fowler and								
	35224 Amber Fall Apt. 314								
	Jodi furt	TA	10432	-5900					
	0								
	Ü								
b	Employer's FED ID number	,	a Emplo	woo's SS4	number				
-	24-6837501		pic	,	0				
					-				
7	Social security tips		8 Alloca	ted tips					
	117195.4			-	108538.83				
9	Verification Code		10 Depe	ndent care					
	0				277				
11	Nonqualified plans		12a See ii	structions	for box 12				
	123		PP 1 7019						
14	Other		EE 7918 12b 890						
	Outer		12b 890 12c 372						
			12d		154				
			12d 13 Stat emp.	Ret. Plan	154 3rd party sick pay				
e/f	Employees name, address	and ZIP co	12d 13 Stat emp. 0		154				
e/f	Employees name, address	and ZIP co	12d 13 Stat emp. 0	Ret. Plan	154 3rd party sick pay				
e/f			12d 13 Stat emp. 0 ode	Ret. Plan	154 3rd party sick pay				
e/f	Michele	Stewa	12d 13 Stat emp. 0 ode	Ret. Plan	154 3rd party sick pay x				
e/f		Stewa	12d 13 Stat emp. 0 ode	Ret. Plan	154 3rd party sick pay x				
e/f	Michele	Stewar Mount	12d 13 Stat emp. 0 ode	Ret.Plan x	154 3rd party sick pay ×				
e/f	Michele 42477 Steve	Stewar Mount	12d 13 Stat emp. 0 ode rt tains S	Ret.Plan x	154 3rd party sick pay ×				
	Michele 42477 Steven Dakotabury	Stewar Mount HI	12d 13 Stat emp. 0 ode rt tains S 8819	Ret. Plan x Suite 2	154 Grd party sick pay x				
e/f	Michele 42477 Steven Dakotabury 0 State Employers	Stewar Mount HI	12d 13 Stat emp. 0 ode rt tains S	Ret. Plan x Suite 2	154 3rd party sick pay x 231 5 os, etc.				
	Michele 42477 Steven Dakotabury	Stewar Mount HI	12d 13 Stat emp. 0 ode rt tains S 8819	Ret. Plan x Suite 2	154 Grd party sick pay x				
15	Michele 42477 Stevel Dakotabury 0 State Employers CO 19-95-83	Stewar Mount HI	12d 13 Stat emp. 0 ode rt tains 8 8819	Ret. Plan x Suite 2 00-881	154 3rd party sick pay x 231 5 5 5 5 6 5 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				
	Michele 42477 Steven Dakotabury 0 State Employers CO 19-95-83	Stewar Mount HI	12d 13 Stat emp. 0 ode rt tains S 8819	Ret. Plan x Suite 2 00-881	154 3rd party sick pay x 231 5 252, etc. 52462, 33 ps. etc.				
15	Michele 42477 Stevel Dakotabury 0 State Employers CO 19-95-83	Stewar Mount HI	12d 13 Stat emp. 0 ode rt tains 8 8819	Ret. Plan x Suite 2 00-881	154 3rd party sick pay x 231 5 5 5 5 6 5 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				
15	Michele 42477 Stever Dakotabury 0 State CO 19-95-85 State income tax 3142.29	Stewar Mount HI	12d 13 Stat emp. 0 odde rt tains \$ 8819 16 State	Ret. Plan x Suite 2 00-881	154 3rd party sick pay x 231 5 252, etc. 52462, 33 ps. etc.				
15	Michele 42477 Steven Dakotabury 0 State Employers CO 19-95-83	Stewar Mount HI	12d 13 Stat emp. 0 ode rt tains 8 8819	Ret. Plan x Suite 2 00-881	154 3rd party sick pay x 231 5 252, etc. 52462, 33 ps. etc.				
15	Michele 42477 Stever Dakotabury 0 State Employers CO 19-95-80 State income tax 3142.29	Stewar Mount HI	12d 13 Stat emp. 0 odde rt tains \$ 8819 16 State	Ret. Plan x Suite 2 00-881	134 party slick pay x 231 5 25. etc. 52462.33 ps. etc. 83592.37				
15	Michele 42477 Steven Dakotabury 0 State Employers 19-95-81 State income tax 3142.29 Local income tax	Stewar n Mount HI 'state ID no	12d 13 Stat emp. 0 0 de ct tains \$ 881.9 16 State 20 Loca	Ret. Plan x Suite 2 00-881	134 party sick pay x 231 5 28. etc. 52462.33 ps., etc. 83592.37				
15	Michele 42477 Stever Dakotabury 0 State Employers CO 19-95-80 State income tax 3142.29	Stewar n Mount HI 'state ID no	12d 13 Stat emp. 0 0 de ct tains \$ 881.9 16 State 20 Loca Filing	Ret. Plan x Suite 2 00-881	134 party slick pay x 231 5 25. etc. 52462.33 ps. etc. 83592.37				
15	Michele 42477 Steven Dakotabury 0 State Employers 19-95-81 State income tax 3142.29 Local income tax	Stewar n Mount HI 'state ID no	12d 13 Stat emp. 0 0 de ct tains \$ 881.9 16 State 20 Loca Filing	Ret. Plan x Suite 2 00-881	134 party sick pay x 231 5 28. etc. 52462.33 ps., etc. 83592.37				
15	Michele 42477 Stever Dakotabury 0 State Employers 00 Employers 19-95-81 State income tax 1146.29 Local income tax 12060.19 CO.State	Stewar n Mount HI 'state ID no	12d 13 Stat emp. 0 ode crt tains \$ 881.9 16 State 20 Loca Filing	Ret. Plan x Suite 2 00-881	134 party sick pay x 231 30s. etc. 52462.33 55.46C. 83592.37 Randall Cliff Copy				
15	Michele 42477 Steven Dakotabury 0 State Employers 19-95-81 State income tax 3142.29 Local income tax	Stewar n Mount HI 'state ID no	12d 13 Stat emp. 0 ode crt tains \$ 881.9 16 State 20 Loca Filing	Ret. Plan x Suite 2 00-881	134 party sick pay x 231 5 28. etc. 52462.33 ps., etc. 83592.37				

1	Wages, tips, other comp. 101030.49	Pederal income tax withheld 14946.9						
3	Social security wages 117195.4		4 Socia	l security t	ax withheld 8965.45			
5	Medicare wages and tips 108538.83		6 Medicare tax withheld 3147.63					
	Control number	Dept.	Corp.		Employer use only			
935 C	2203 Employer's name, address	150 and ZIP o	ode	ļ	A	36		
	Fowler and S			3				
	35224 Amber	Fall 2	Apt. 31	4				
	Jodifurt	IA	10432	2-5900				
	0							
b	Employer's FED ID number	r	a Emplo	yee's SSA	number			
	24-6837501				0			
7	Social security tips		8 Alloca	ted tips				
	117195.4				108538.83			
9	Verification Code		10 Dependent care benefits					
	0		277					
11	Nonqualified plans		12a See instructions for box 12					
	123		EE		7918			
14	Other		12b 890					
			12c 372					
			12d 154 13 Stat emp. Ret. Plan 3rd party sick pay					
			0	x x	x			
e/f	Employees name, address	and ZIP c	ode					
	Michele	Stewa	rt					
	42477 Steve	Mount	tains Suite 231					
	Dakotabury	HI	88190-8815					
	0							
15			16 State	wages, ti				
	CO 19-95-89	14			52462.33			
17	State income tax		18 Loca	l wages, ti				
	3142.29				83592.37			
19	Local income tax 12060.19		20 Loca	lity name	Randall Cliff			
	City or Lo		Filing		Сору			
1		Wage	and	Tax				
٧	V-2	Stateme	ent		2018			
Cop	y 2 to be filed with employee's	City or Loc	al Income T	ax Return	OMB No. 1545-0008			
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