		Employe	e f	Refe	erenc	e		Сору	
ı			Wage	a	and	Tax			
M	V-2		Statemen	t			•	2018	
_								E No. 1545-0008	
Cop	y C for employ						OM		
<b>d</b>	Control numl	per	Dept. 150	Cor	p.		Α	Employer use on	36
С	Employer's	name, addr	ess, and ZIP	code	,				
	Robins	son Inc	c Inc						
			n Grove						
		Samanth	na NM	I	8	0539-5	5802	2	
ı	0								
ı									
				Ва	atch			#02021	
e/f	Employees i	name, addr	ess and ZIP of	ode					
ı									
	Desire	ee	Richard	ls					
	86336	Mille	flat A	pt	. 42	3			
		fermout	th OK	: !	5669	1-3153	3		
	0								
b	Employer's		nber	а	Emplo	yee's SS			
	81-49020	060					817	-95-6727	
1	Wages, tips,	other com	p.	2	Feder	al income			
	157570.8	•					537	72.45	
3	Social secur 181567.8			4	Social	security		ithheld 89.94	
	181567.8	00					136	89.94	
5	Medicare wa	ges and tip	os	6	Medic	are tax wi	ithhel	d	
ı	112705.3	39					326	8.46	
7	Social secur			8	Alloca	ted tips			
ı	181567.8	86					112	705.39	
9	Verification (	Code		10	Depe	ndent car			
ı	0						109	1	
11	Nonqualifie	plans		12a	See i	nstruction	s for	box 12	
	140				L		425	.7	
14	Other			12b	1		844		
				12d			860		
						Ret. Plan		arty sick pay	
15	State	Employers	state ID no.	16	0 State	0 wages, t	ine o	x to	
13	AZ	616-89-0		16	State	wayes, t		47.32	
17	State incon	no tay		18	Loca	l wages, t	ine o	to.	
."	6344.19	ie iax			LUCA	ıı <del>ır</del> ayes, ı		244.84	
19	Local incor	no tay		20	Loca	lity name			
19	25841.2	ne tdx		20	LUCS	mry name		haniel Squares	

## 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	225233.2	Social Security Tax Withheld	13889.94	AZ.State Income Tax Box 17 of W-2	6344.19
		Box 4 of W-2		Local Income Tax	25841.2
				Box 19 of W-2	
Fed. Income	53772.45	Medicare Tax	3268.46		
Tax Withheld		Withheld		SU/SDI/FLI	
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 Compensation Box 1 of W-2	Social Secu Wages Box 3 of W-	Wages 2 Box 5 of W-2	AZ.State Wages, Tips, Etc. Box 16 of W-2	Nathaniel Squares Local Wages, Tips, Etc. Box 18 of W2
Gross Pay Plus GTL (C-Box 12) Less 401(k) (D-Box 2) Less Other Café 125 Reported W-2 Wages	225233.19	2E+05	225233.2	225233.2	225233.2
	4257	4257	4257	4257	4257
	844	N/A	N/A	844	N/A
	53772.45	53772.45	53772.45	53772.45	53772.45
	157570.8	157570.8	157570.8	157570.8	157570.8

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

Desiree Richards 86336 Miller Flat Apt. 423 Lake Samantha NM Social Security Number: 817-95-6:
Taxable Marital Status: MARRIEE Exemptions/Allowances: FEDERAL: 4
STATE: 4
LOCAL -

© 2018 ADP, LLC

	Wages, tips, other cor 157570.8	np.	2 Federal income tax withheld 53772.45							
3	Social security wages		4 Socia	l security t	ax withheld					
•	181567.86		- 00010	. occurry	13889.94					
5	Medicare wages and t	ine	6 Medicare tax withheld							
	112705.39				3268.46					
<u>.</u>	Control number	Dept.	Corp.		Employer use only					
	7337	150	Cuip.		A Limployer use only	36				
:	Employer's name, add		code			-				
	Robinson In									
	71447 Steve	n Grove								
	Lake Samant	ha NM	. 8	0539-5	802					
0	Employer's FED ID nu	mber	a Emple	oyee's SSA	number					
	81-4902060				0					
_										
7	Social security tips 181567.86	8 Allocated tips 112705.39								
	181367.86				112/05.39					
9	Verification Code		10 Depe	ndent care	benefits					
	0				109					
11	Nonqualified plans		12a See i	nstruction	s for box 12					
	140		_							
14	Other		12b		4257 844					
*	Other		120 12c		860					
			12d		853					
			13 Stat emp.		3rd party sick pay					
			0	0	*					
	Desiree 86336 Mille		pt. 42							
	Jennifermou 0	th OK	. 5009	1-3153	•					
15	0 State Employer	s' state ID no.		1-3153 wages, ti	ps, etc.					
15	0	s' state ID no.								
15	State Employer AZ 16-89-0	s' state ID no.	16 State	e wages, ti	ps, etc. 73047.32					
	State Employer AZ 16-89-0 State income tax	s' state ID no.	16 State		ps, etc. 73047.32 ips, etc.					
15	State Employer AZ 16-89-0	s' state ID no.	16 State	e wages, ti	ps, etc. 73047.32					
17	0  State Employer AZ 16-89-0  State income tax 6344.19	s' state ID no.	16 State	e wages, ti	ps, etc. 73047.32 ips, etc.					
	State Employer AZ 16-89-0 State income tax	s' state ID no.	16 State	e wages, ti	ps, etc. 73047.32 ips, etc.					
17	State Employer 16-89-0 State income tax 6344.19 Local income tax	's' state ID no. 25	16 State 18 Loca 20 Loca	e wages, ti	ps, etc. 73047.32 ips, etc. 173244.84					
17	0  State   Employer   16-89-0  State income tax   6344.19  Local income tax   25841.2	's' state ID no.	16 State 18 Loca 20 Loca Filling	e wages, ti al wages, ti ality name	ps, etc. 73047.32 ips, etc. 173244.84					
17	State AZ Employer 16-89-0 State income tax 6344.19 Local income tax 25841.2	's' state ID no. 125	16 State 18 Loca 20 Loca Filing and	e wages, ti	ps, etc. 73047.32 jps, etc. 173244.84 Nathaniel Squares					
17	0  State   Employer   16-89-0  State income tax   6344.19  Local income tax   25841.2	's' state ID no.	16 State 18 Loca 20 Loca Filing and	e wages, ti al wages, ti ality name	ps, etc. 73047.32 ips, etc. 173244.84					

1 Wages, tips, other comp. 157570.8					2 Federal income tax withheld 53772.45								
3	3 Social security wages 181567.86					4 Social security tax withheld							
					13889.94								
5	Medicare wages 112705.3	6	6 Medicare tax withheld 3268.46										
d	Control number	- II	Dept.	Corp	_			Employer use only					
_	7337		150	COIL			А	Employer doc only	36				
С	Employer's nam	ne. address.		ode									
-		son Inc											
		Steven		•									
	Lake S	Samanth	a ì	MI		80539	9-5	802					
	0												
b	Employer's FED			a	Emplo	yee's SS	SA nu	ımber					
	81-49020	060					0						
_	0				411	ted tips							
7	Social security t			8	Alloca	ted tips		12705.39					
	101307.0	, 0						12703.39					
9	Verification Code			10 Dependent care benefits 109									
11	Nonqualified pl	ans		12a	See II	nstructio	ns to	r box 12					
	140				L		42	057					
14	Other			12b			1 84						
				12c   860									
					12d   853								
					13 Stat emp. Ret. Plan 3rd party sick pay								
					0	0		x					
e/f	Employees nam	ie, address a	and ZIP co	ode									
	Desire	e :	Richa	rds									
	86336	Miller	Flat	Αp	t. 4	123							
		fermout					153						
	0		-										
15	State	Employers'		16	State	wages,							
	AZ	16-89-025					73	3047.32					
17	State income to	ax		18	Loca	l wages.	tins.	etc.					
•	6344.19			١.٠				73244.84					
19	Local income t	ax		20	Loca	lity name							
	25841.2						Na	thaniel Squares					
		AZ.State		Fi	ling			Сору					
			Wage		nd	Tax							
			Stateme			·ux							
	V-2	valeille	71 IL				2010						
V	V-Z							2018					

	1	Wages, tips, other comp. 157570.8					2 Federal income tax withheld 53772.45						
112705.39   3268.46   Corp.   Employer use only   36   Corp.   Employer's FED ID number   B1-4902660   B1-490260   B1-4902660   B1-4902660   B1-4902660   B1-4902660   B1-490260   B1-4902660   B1-4902660   B1-4902660   B1-4902660   B1-490260   B1-4902660   B1-490260   B1-4902660   B1-4902660   B1-4902660   B1-4902660   B1-4902600   B1-490260   B1-4	3												
112705.39   3268.46   Corp.   Employer use only   36   Corp.   Employer's FED ID number   B1-4902660   B1-490260   B1-4902660   B1-4902660   B1-4902660   B1-4902660   B1-490260   B1-4902660   B1-4902660   B1-4902660   B1-4902660   B1-490260   B1-4902660   B1-490260   B1-4902660   B1-4902660   B1-4902660   B1-4902660   B1-4902600   B1-490260   B1-4	5	Modicaro wanos	and tine										
Solidary   Solidar   Sol	ľ				ľ								
Employer's name, address, and ZIP code   Robinson Inc Inc   T1447 Steven Grove   Lake Samantha   NM   80539-5802	d	Control number	Corp	Corp. Employer use only									
Robinson Inc Inc   71447 State Grove   Lake Samantha   NM   80539-5802	600	7337		150	"			Α			36		
Title   Titl	С	Employer's name	e, address	, and ZIP c	ode								
Lake Samantha		Robins	on Inc	Inc									
b   Employer's FED ID number   a   Employer's SSA number   81-4902060   a   Employer's SSA number   1-4902060   a   Employer's SSA number   112705.39   a   212705.39   b		71447	Stever	Grove	•								
Employer's FED ID number   a   Employer's SSA number   0   0   0   0   0   0   0   0   0		Lake S	amanth	ia 1	MI		80539	-5802	2				
81-4920560   8   Allocated tips   112705.39     7   Social security tips   8   Allocated tips   112705.39     9   Verification Code   10   Dependent care benefits   109     11   Nonqualified plans   12a   See instructions for box 12     14   Other   12b   1 844     12c   1 860     12d   1 833     13bate   1860   12d   1 833     13 bate   1860   1 844     12d   1 833   1 844     12d   1 833   1 844     12d   1 833   1 844     13da   1 800   1 800     1 860   1 800     1 800   1 800		0											
81-4920560   8   Allocated tips   112705.39     7   Social security tips   8   Allocated tips   112705.39     9   Verification Code   10   Dependent care benefits   109     11   Nonqualified plans   12a   See instructions for box 12     14   Other   12b   1 844     12c   1 860     12d   1 833     13bate   1860   12d   1 833     13 bate   1860   1 844     12d   1 833   1 844     12d   1 833   1 844     12d   1 833   1 844     13da   1 800   1 800     1 860   1 800     1 800   1 800													
7   Social security tips   18   Allocated tips   112705.39     9   Verification Code   10   Dependent care benefits   109     11   Nonqualified plans   140   L   4257     14   Other   12b   844     12c   1860     13   State reps   Ret. Plan   3rd party sick pay     18   March   18   March   18   March   18     19   Desiree   Richards   86336   Miller Flat Apt   423     Jennifermouth   OK   56691-3153     15   State   Imployers' state ID no   16   State wages, tips, etc.   73047.32     17   State income tax   18   Local wages, tips, etc.   6344.19     19   Local income tax   20   Locality name   Nethaniel Squares     City or Local   Filling   Copy   Wage   and   Tax   Tax	b			r	а	Emplo	yee's SS	A numbe	er				
181567.86   112705.39		81-49020	60					0					
181567.86   112705.39	_	0			_	411							
9 Verification Code 0 10 Dependent care benefits 109 11 Nonqualified plans 140 12a See instructions for box 12 15b 1944 12b 1940 12d 1953 13b 1944 12d 1953 13b 1944 12d 1953 13b 1949 14 Other 12b 1940 12c 1953 13b 1940 15c 1960 15 State Richards 86336 Miller Flat Apt. 423 Jennifermouth OK 56691-3153 0 15 State   Employers' state ID no 16 State wages, tips, etc. 73047. 32 17 State income tax 634.19 Local income tax 25841.2 20 Locality name Nathaniel Squares Wage and Tax Statement Value 100 110 Dependent care benefits 109 100 110 Dependent care benefits 109 100 110 110 110 110 110 110 110 110	1				ĕ	Alloca	tea tips	11270	E 20				
109		101507.0						11270	3.33				
109   109   109   111   Nonqualified plans   140   12a See instructions for box 12   12b   1944   12c   1960   12c   196	9	Verification Code	•		10	Depe	ndent care	e benefit	ts				
140   L		0											
140   L													
L   4257   144   145   152   1844   142   1860   132   1860   1384   145   1	11		ns		12a	See in	nstruction	s for bo	x 12				
12b		140						4055					
12c	14	Other											
### 13 State emp   Ret. Plain   3 of party sick pay   0   13 State emp   Ret. Plain   0   14 Desiree   Richards   86336 Miller Flat Apt. 423   Jennifermouth   OK   56691-3153   0   15   State   Employers' state ID not   15   State wages, tips, etc.   16-89-025   16   State wages, tips, etc.   173244.84   17   State income tax   20   Localinome tax   225841.2   City or Local   Filling   Copy   Wage   and   Tax   Statement   2018   20		Other											
eff Employees name, address and ZP code  Desiree Richards 86336 Miller Flat Apt. 423 Jennifermouth OK 56691-3153  0  15 State AZ   Employers' state ID no 16 State wages, tips, etc. 73047.32  17 State income tax 6344.19   Local income tax 25841.2   City or Local   Filing   Copy   Wage   and   Tax    VW-2   Value   Val													
### Employees name, address and ZIP code    Desiree Richards					13 Stat emp. Ret. Plan 3rd party sick pay								
Desiree   Richards   86336 Miller Flat Apt. 423   Jennifermouth   OK   56691-3153   O   O						0	0		x				
86336 Miller Flat Apt. 423   Jennifermouth OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 573047.32	e/f	Employees name	e, address	and ZIP co	ode								
86336 Miller Flat Apt. 423   Jennifermouth OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 56691-3153   OK 573047.32		Desire	6	Richar	ds								
Jennifermouth   OK   56691-3153   0		86336	Mille	Flat	Apt. 423								
0  15 State  AZ    Employers' state   D no   16   State wages, tips, etc.   73047.32     17   State income tax   6344.19   18   Local wages, tips, etc.   173244.84     19   Local income tax   20   Locality name   Nathanie1   Squares													
16-89-025   73047.32													
16-89-025   73047.32					_								
17   State income tax	15				16	State	wages, t						
173244.84  19 Local income tax 25841.2  City or Local Filling Wage and Tax  Statement  20 Locality name Nathanie1 Squares  Copy Wage 2018	1	AZ	16-89-02	5	1			73047	. 32				
173244.84  19 Local income tax 25841.2  City or Local Filling Wage and Tax  Statement  20 Locality name Nathanie1 Squares  Copy Wage 2018	17	State income ta	¥		18	Loca	I wages, t	ins. etc.					
City or Local Filing Copy Wage and Tax W-2  25841.2  Nathaniel Squares  Copy Wage 2018	Ι												
City or Local Filing Copy Wage and Tax W-2  25841.2  Nathaniel Squares  Copy Wage 2018													
City or Local Filing Copy Wage and Tax W-2 Statement 2018	19		ıx		20	Loca	lity name						
Wage and Tax W-2  Statement  2018		25841.2						Natha	niel	Squares			
Wage and Tax W-2  Statement  2018	-	City or Local Filing Copy											
W-2 Statement 2018		Cil	., 0, 20			-	Tav	0	-Py				
VV-2 2018	1			ıııu	ıdx								
Copy 2 to be filed with employee's City or Local Income Tax Return OMB No. 1545-0008	W	<i>I</i> -2		Stateme	ent			20	)18	3			
	Cop	y 2 to be filed with	employee's	City or Loc	al In	come T	ax Return	OMB N	lo. 154	5-0008			