## Reference Employee Сору Wage and Statement W-2 2018 OMB No. 1545-0008 Employer use only pt. 150 Α Employer's name, address, and ZIP code Miller Inc LLC 2676 William Mountain Danielsfort MN 31233-5510 #02021 Batch Employees name, address and ZIP code Kimberly Villanueva 3945 Harvey Light Apt. 620 North Kimberlymouth NY 20076-6145 Employee's SSA number 654-43-4102 Wages, tips, other comp. 41345.53 Social security tips 43334.69 Verification Code ent care benefits 275 s for box 12 Other 3rd party sick p 0 ips, etc. 22546.51 Employers' state ID n 567-56-285 Local wages, tips, etc. 46232.35 Mark Wall

# 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.

			,			
Gr	oss Pay	55198.3	Social Security	3315.1	ME.State Income Tax	1483.14
			Tax Withheld		Box 17 of W-2	
			Box 4 of W-2		Local Income Tax	7120.41
					Box 19 of W-2	
Fe	d. Income	10537.67	Medicare Tax	1128.94		
Ta	x Withheld		Withheld		SU/SD/FLI	
Bo	x 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	Social Secu	ır Medicare	ME.State Wages,	Mark Wall	
	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	55198.3	55198	55198.3	55198.3	55198.3	
Plus GTL (C-Box 12)	1870	1870	1870	1870	1870	
Less 401(k) (D-Box 2) Less Other Café 125	584 10537.67	N/A 10537.67	N/A 10537.67	584 10537.67	N/A 10537.67	
Reported W-2 Wages	41345.53	41345.53	41345.53	41345.53	41345.53	

## 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.

Kimberly Villanueva 3945 Harvey Light Apt. 620 Danielsfort MN 3123 Social Security Number: 654-43-410
Taxable Marrial Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

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1	Wages, tips, other comp. 41345.53			2 Federal income tax withheld 10537.67						
3	Social security wages 43334.69			4 Social security tax withheld 3315.1						
5	Medicare wages and tips 38928.83			6	6 Medicare tax withheld 1128.94					
d	Control numb	er	Dept.	Cor	p.			Employer use o	nly	
	7136		150				Α		36	
С	Employer's n			code	•					
	2676 W	illiar	Mounta	in						
	Daniel	sfort	MN	3:	1233	-5510	1			
b	Employer's F 26-01801		nber	а	Emple	oyee's S	SA nu 0	mber		
7	Social security tips 43334 . 69			8	8 Allocated tips 38928.83					
9	Verification Code			10 Dependent care benefits 275						
11	Nonqualified plans 242			12a See instructions for box 12						
14	Other			12b	Y		18   58			
	outer			12c   973						
				12d			1 66	2		
				13 S	tat emp.	Ret. Plan 0	3rd	I party sick pay 0		
e/f	3945 H	ly V	ess and ZIP of Tillanue Light A	va pt	. 62 NY		200	76-6145		
15		Employers 67-56-28		16	State	wages,		etc. 546.51		
17	State income tax 1483.14			18 Local wages, tips, etc. 46232.35						
19	Local incom 7120.41	ie tax		20	Loca	lity nam		rk Wall		
		Federal			iling	Tax		Сору		
W	V-2		Statemen		-			2018		
•	y B to be filed v	vith employ	ee's Federal Ir	ncom	ie Tax I	Return		AB No. 1545-0008		

1 Wages, tips, other comp.	2 Feder	al income	tax withheld								
41345.53	10537.67										
3 Social security wages	4 Social security tax withheld										
43334.69	3315.1										
5 Medicare wages and tips	6 Medic	are tax wi									
38928.83			1128.94								
d Control number Dept.	Corp.		Employer use only								
1907136 150			A	36							
c Employer's name, address, and ZIP of	code										
Miller Inc LLC											
2676 William Moun	tain	ain									
Danielsfort MN	3123	33-551	0								
0											
b Employer's FED ID number	a Emplo	yee's SS									
26-0180103			0								
7 Social security tips	8 Alloca	ted tips									
43334.69			38928.83								
9 Verification Code	10 Da:	ndont o	a banafita								
9 Verification Code	10 Dependent care benefits 275										
11 Nonqualified plans	12a See ii	nstruction	s for box 12								
242											
14 Other	12b		1870								
			973								
			662								
	13 Stat emp.		3rd party sick pay								
e/f Employees name, address and ZIP c	x 0 0										
e/i Employees name, address and ZIP c	oue										
Kimberly Villan	ıeva										
3945 Harvey Light		20									
			00000 6145								
North Kimberlymou	th N	1X	20076-6145								
0											
15 State Employers' state ID no	16 State	wages, ti	ips, etc.								
ME 67-56-285			22546.51								
47 State income toy	40 1	lucana '	ina ata								
17 State income tax 1483.14	18 Loca	l wages, t	ups, etc. 46232.35								
19 Local income tax	20 Loca	lity name									
7120.41			Mark Wall								
ME.State	Filing		Conv								
		_	Сору								
Wage	and Tax										
W-2 Statement	ent		2018								
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Copy 2 to be filed with employee's State Inco	me Tax Reti	ım	OMB No. 1545-0008								

ľ	41345.53				10537.67						
3	Social security wages					4 Social security tax withheld					
	43334.69			3315.1							
5	Medicare wages		6	Medic	are tax wi						
	38928.83					1128.94					
	Control number		Dept.	Corp			Employer use only				
190	7136		150				A	36			
С	Employer's nam			ode							
	Miller	Inc I	LLC								
	2676 W	/illian	n Mount	aiı	n						
	Daniel	sfort	MN		3123	3-551	n				
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b	Employer's FED	ID numbe	r	a	Emplo	yee's SS/	A number				
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7	Social security t 43334.69			8 .	Alloca	ted tips	38928.83				
	43334.03						30920.03				
9	Verification Cod	е		10	Depe	ndent care	benefits				
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11	N			40-	0 1-		s for box 12				
11	Nonqualified pla 242	ans		12a	See II	istruction	S for DOX 12				
					Y	1	1870				
14	Other			12b			584				
				12c			973				
				12d			662				
						Ret. Plan 0	3rd party sick pay 0				
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	Kimber	ly V	/illanu	ieva	a						
	3945 6	- In rueur	Light	Ant	- 4	20					
		Kimbei	rlymout	:h	N	ΙΥ	20076-6145				
	0										
15	State	Employers	state ID no	16	State	wages, ti	ns. etc.				
	ME	67-56-28					22546.51				
17	State income to	ax		18	Loca	I wages, t					
	1483.14						46232.35				
19	Local income t	ax		20	Loca	lity name					
-	7120.41						Mark Wall				
<u> </u>				<u> </u>							
1	Ci	ty or Lo	cal				Сору				
I			Wage	а	nd	Tax					
			Stateme				0040				
W	<b>I-2</b>						2018				
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		. , -,	. ,								

2 Federal income tax withheld