		Employe	e l	Refe	erenc	е		Сору	
ı			Wage	a	and	Tax			
M	V-2		Statemen	it			2	2018	
•	V-Z							No. 1545-0008	
	y C for employ						OME		
	Control num	ber	Dept. 150	Cor	D.		Α	Employer use on	ly 36
_									
С			ess, and ZIP						
ı			and Sons						
ı			Terrace	•					
ı	New S	cottpo	rt MT		19	070-73	362		
ı	U								
ı									
ı				Ва	itch		#	#02021	
e/f	Employees	name, addı	ess and ZIP	code					
1									
ı	Kendra	a 1	Williams	,					
ı	051 E	llen P	ines Apt		773				
ı	Garymo		MI			8557			
ı	0								
b	Employer's	FED ID nur	nher	а	Emple	oyee's SS	Δ num	hor	
ĭ	39-9236			ľ	p.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-81-1236	
1	Wages, tips,	other com	n	2	Endor	al income	tav w	ithhold	
Ů	124649.		μ.	1	i edei	ai ilicollie		00.52	
3	Social secur	ity wagoe		4	Socia	I security	tav wii	thhold	
ı	127715.8			1	Jucia	i security		0.26	
_				-					
5	Medicare wa 99078.53		os	6	Medic	are tax wi		I 3.28	
ı	99078.5	3					287.	3.28	
7	Social secur			8	Alloca	ted tips			
	127715.8	38					990	78.53	
9	Verification	Code		10	Depe	ndent car		efits	
ı	0						256		
11	Nonqualifie	d plans		12a	See i	nstruction	s for b	oox 12	
	213				EE		9016	6	
14	Other			12b			912		
ı				12d			129 175		
ı						Ret. Plan		arty sick pay	
					0	0		0	
15	State	Employers 516-65-2	state ID no.	16	State	wages, t		c. 36.08	
17	State incon	ne tax		18	Loca	ıl wages, t		ic. 09.4	
19	Local incor			20	Loca	lity name		rvl Bynass	

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	159720.4	Social Security Tax Withheld Box 4 of W-2	9770.26	MN.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	6260.84 14323.72
Fed. Income Tax Withheld Box 2 of W-2	25300.52	Medicare Tax Withheld Box 6 of W-2	2873.28	SUVSDVFLI 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	MN.State Wages,	Cheryl Bypass
	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	159720.44	2E+05	159720.4	159720.4	159720.4
Plus GTL (C-Box 12)	9016	9016	9016	9016	9016
Less 401(k) (D-Box 2) Less Other Café 125	912 25300.52	N/A 25300.52	N/A 25300.52	912 25300.52	N/A 25300.52
Reported W-2 Wages	124649.66	124649.66	124649.66	124649.66	124649.66

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

Kendra Williams	Social Security Number: Taxable Marital Status:	851-81-1236 MARRIED
	Exemptions/Allowances:	
051 Ellen Pines Apt. 773	FEDERAL: 4 STATE: 4	
New Scottport MT 1	LOCAL:	

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1	Wages, tips, other cor 124649.66	np.	2 Fede	ral income	tax withheld 25300.52
3	Social security wages 127715.88		4 Socia	l security	tax withheld 9770.26
5	Medicare wages and t	ips	6 Medi	are tax wi	thheld 2873.28
d	Control number	Dept.	Corp.		Employer use only
	2841	150	Coip.		A 36
c	Employer's name, add		code	-	
	Romero Ltd	and Sons	5		
	2613 Greene	Terrace	9		
	New Scottpo	rt MT	19	070-73	362
b	Employer's FED ID nu	mber	a Empl	oyee's SS	A number
	39-9236408			.,	0
7	Social security tips		8 Alloc	ated tips	
	127715.88				99078.53
9	Verification Code		10 Dene	ndent car	e henefits
•	0		Depe		256
11	Nonqualified plans		12a See	nstruction	s for box 12
	213				
14	Other		12b		9016
14	Otner		12b		129
			12d		175
			13 Stat emp		3rd party sick pay
			0	0	0
e/f	Employees name, add	Iress and ZIP	code		
	Kendra	Williams	3		
	051 Ellen F	ines Apt	t. 773		
	Garymouth	MI	01736-	8557	
	0				
15		s' state ID no.	16 Stat	e wages, t	
	MN 16-65-2	91			59836.08
17	State income tax		18 Loc	al wages, t	ips. etc.
	6260.84		1.2 200		96809.4
			1		
	Local income tax		20 Loc	ality name	
19	14323.72				Cheryl Bypass
19			1		Сору
19	Federa	ıl	Filing		
19	Federa		Filing	Tau	ООРУ
19	Federa	Wage	and	Tax	СОРУ
			and	Tax	.,
	Federa V-2 by B to be filed with employing the second sec	Wage Stateme	and		2018

1	Wages, tips, other comp. 124649.66		2 Fede	ral income	tax withheld 25300.52		
3	Social security wages		4 Soci	al security	tax withheld		
	127715.88				9770.26		
5	Medicare wages and tips		6 Med	care tax w			
	99078.53				2873.28		
	Control number	Dept.	Corp.		Employer use only		
796	2841 Employer's name, address	150	- 4-		A	36	
С							
	Romero Ltd a						
	2613 Greene	Terra					
	New Scottpor	rt M	r	19070-	7362		
	0						
b	Employer's FED ID number 39-9236408	r	a Emp	loyee's SS	A number 0		
	39-9230408				·		
7	Social security tips		8 Allo	ated tips			
	127715.88		1		99078.53		
9	Verification Code		10 Dan	endent car	a hanofite		
9	verification Code		то рер	enuent car	256		
11	Nonqualified plans		12a See	instruction	ns for box 12		
	213				1 9016		
14	Other		12b		9016 912		
			12c		129		
			12d		175		
				p. Ret. Plan	3rd party sick pay		
e/f	Employees name, address		0	0	0		
e/i	Employees name, address	anu zir u	oue				
	Kendra V	Villiar	ns				
	051 Ellen Pi	inge Ar	o+ 77	3			
				6-8557			
	Garymouth	MI	01/3	6-855/			
	0						
15	State Employers	state ID no	16 Sta	te wages, t	tips, etc.		
	MN 16-65-29	1			59836.08		
17	State income tax		18 Loc	al wages,	the state		
17	5tate income tax 6260 . 84		18 LOC	ai wages,	11ps, etc. 96809.4		
19	Local income tax		20 Loc	ality name			
	14323.72				Cheryl Bypass		
	MN.State	•	Filing		Conv		
	IVIIV.Stati				Сору		
		Wage		Tax			
14	I-2	Stateme	ent		2018		
-	y 2 to be filed with employee's				_0.0		

	Wages, tips, other comp. 124649.66	1	2 Feder	al income t	ax withheld 25300.52	
3	Social security wages 127715.88	•	4 Socia	security to	ax withheld 9770.26	
5	Medicare wages and tips 99078.53	•	6 Medic	are tax wit	hheld 2873.28	
d	Control number	Dept. (Corp.		Employer use only	
	2841	150			A	36
С	Employer's name, address,	and ZIP co	de			
	Romero Ltd a					
	2613 Greene	Terrac	e			
	New Scottpor	t MT	1	.9070-7	7362	
b	Employer's FED ID number	- 1	a Emplo	yee's SSA	number	
	39-9236408	I.	•		0	
7	Social security tips 127715.88	8	B Alloca	ted tips	99078.53	
9	Verification Code		10 Depe	ndent care	benefits	
	0	I.			256	
11	Nonqualified plans	1	12a See i	nstructions	for box 12	
	213		EE		9016	
14	Other		12b			
			12D 12c		912 129	
		1		1		
		1	12c 12d 13 Stat emp.	Ret. Plan	129 175 3rd party sick pay	
		1	12c 12d 13 Stat emp. 0	i	129 175	
	Employees name, address a	1	12c 12d 13 Stat emp. 0	Ret. Plan	129 175 3rd party sick pay	
	Kendra W	and ZIP coo	12d 12d 13 Stat emp. 0 de	I I Ret. Plan 0	129 175 3rd party sick pay	
		and ZIP coo	12d 12d 13 Stat emp. 0 de	I I Ret. Plan 0	129 175 3rd party sick pay	
	Kendra W 051 Ellen Pi	and ZIP coo illiam	12d 12d 13 Stat emp. 0 de	I I Ret. Plan 0	129 175 3rd party sick pay	
	Kendra W 051 Ellen Pi	and ZIP coo illiam	12c 12d 13 Stat emp. 0 de s	I I Ret. Plan 0	129 175 3rd party sick pay	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers'	and ZIP coo	12c 12d 13 Stat emp. 0 de s t. 773	Ret. Plan 0	129 175 3rd party sick pay 0	
e/f	Kendra W 051 Ellen Pi Garymouth	and ZIP coo	12c 12d 13 Stat emp. 0 de s t. 773	Ret. Plan 0	129 175 3rd party sick pay 0	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' 16-65-291	and ZIP coo illiam: nes Ap MI	12c 12d 13 Stat emp. 0 dde s 0.1736	Ret. Plan 0	129 175 3rd party slick pay 0 0 0s. etc. 59836.08	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' MN 16-65-291	and ZIP coo illiam: nes Ap MI	12c 12d 13 Stat emp. 0 dde s 1. 773 01736	Ret. Plan 0	129 175 3rd party slick pay 0 0 28, etc. 59836 . 08	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' 16-65-291	and ZIP coo illiam: nes Ap MI	12c 12d 13 Stat emp. 0 dde s 0.1736	Ret. Plan 0	129 175 3rd party slick pay 0 0 0s. etc. 59836.08	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' 16-65-291 State income tax 6260.84 Local income tax	and ZIP coo	12c 12d 13 State emp. 0 de s 1. 773 01736 16 State	Ret. Plan 0	129 175 3rd party slick pay 0 0 28, etc. 59836 . 08	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' 16-65-291 State income tax 6260.84	and ZIP coo	12c 12d 13 State emp. 0 de s 1. 773 01736 16 State	Ret. Plan 0	129 175 3rd party slick pay 0 0 28, etc. 59836 . 08	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' 16-65-291 State income tax 6260.84 Local income tax	and ZIP coo	12c 12d 13 Statemp. 0 de s t. 773 01736 16 State 18 Loca Filing	Ret. Plan 0	129 175 3rd party sick pay 0 0 0 38, etc. 59836.08 ps. etc.	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' 16-65-291 State income tax 6260.84 Local income tax 14323.72	and ZIP coo	12c 12d 13 Statemp. 0 de s t. 773 01736 16 State 18 Loca Filing	Ret. Plan 0	129 175 3rd party sick pay 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
e/f	Kendra W 051 Ellen Pi Garymouth 0 State Employers' 16-65-293 State income tax 220.84 Local income tax 14323.72 City or Loc	and ZIP coo	12c 12d 13 State emp. 0 16e s t. 773 01736 16 State 18 Loca Filing and	Ret. Plan 0	129 175 3rd party sick pay 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	