		Employe	e l	Reference	e	С	ору		
			Wage	and	Tax				
١.	V-2		Statemen	ıt		24	018		
V	V-Z					21	סוט		
Cop	y C for employ	ee's records	3.			OMB N	lo. 1545-000	.8	
d	Control numb	ber	Dept.	Corp.			Employer u		
733	19572		150			Α		36	
С	Employer's	name, addı	ess, and ZIP	code					
		anna L							
			Ridge Ar	+ 889					
		perg							
	erry	Jerg	NV 21	.033 40	50				
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οlf	Employees i	name addi	ose and 7IP	onde					
6/1	Lilipioyees	name, add	ess and zir v	Joue					
	Charle								
			Hill S						
		onberg	co	29511-	7451				
	0								
b	Employer's		nber	a Empl	oyee's SS				
	13-62761	191				270-2	0-9541		
1	Wages, tips,	other com	n.	2 Feder	al income	e tax with	held		
ľ	79458.26		-			12679			
3	Social secur			4 Socia	I security	4au 11114b	h al d		
3	70291.87			4 30018	ii Security	5377.			
5	Medicare wa	iges and tip	os	6 Medio	are tax w	rithheld			
	88849.06	5				2576.	62		
7	Social secur	ity tins		8 Alloca	ated tips				
ľ	70291.87			-		88849	.06		
9	Verification (Cada		10 Depe		ra banafit			
9	verification (Code		10 рере	ndent ca	re benem 196	ts		
11	Nonqualified 117	d plans		12a See i	nstruction	ns for bo	x 12		
	117			BB		1 4529			
14	Other			12b		202			
				12c		287			
				12d 13 Stat emp.		1 603	sick pay		
				0	×	ord party	x		
15	State		state ID no.	16 Stat	e wages,				
	NE	584-84-	157			43279	1.27		
17	State incon	ne tax		18 Loca	al wages,				
Ĭ	5067.21					72467	.14		
19	Local incor	ne tax		20 Loca	ality name	,			
	9791.24			20 200	ancy ridillic	Maria	Camp		

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	97514.99	Social Security Tax Withheld Box 4 of W-2	5377.33	NE.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	5067.21 9791.24
Fed. Income	12679.4	Medicare Tax	2576.62		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SUI/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	ır Medicare	NE.State Wages,	Maria Camp	
	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	97514.99	97515	97514.99	97514.99	97514.99	
Plus GTL (C-Box 12)	4529	4529	4529	4529	4529	
Less 401(k) (D-Box 2) Less Other Café 125	202 12679.4	N/A 12679.4	N/A 12679.4	202 12679.4	N/A 12679.4	
Reported W-2 Wages	79458.26	79458.26	79458.26	79458.26	79458.26	

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

 Social Security Number:

 Charles
 Mays
 Family Status:
 Taxable Martial Status:

 2187
 Trevino
 Hill
 Suite
 208
 FEDERAL:
 4

 Kellyberg
 NV
 21899-4
 LOCAL:
 LOCAL:

© 2018 ADP, LLC

1 Wages, tips, other comp.

1	Wages, tips, 79458.26			2 Feder	al income	tax withheld 12679.4	
3	Social securi			4 Social	security 1	tax withheld 5377.33	
5	Medicare was			6 Medic	are tax wi		
5	88849.06			6 Medic	are tax wi	tnneia 2576.62	
d	Control numb	per Dep		Corp.		Employer use of	
733 C	19572 Employer'e n	ame, address,	150	codo		A	36
			and Zir	code			
	-	nna Ltd					
	088 Ha	rper Rid	lge Ap	t. 889			
	Kellyb 0	erg N	IV 21	899-48	50		
b	Employer's F 13-62761	ED ID number		a Emplo	oyee's SS/	A number 0	
7	Social securi	ty tine		8 Alloca	ted tips		
•	70291.87			o Alloca	iteu ilps	88849.06	
				L			
9	Verification C	ode		10 Depe	ndent care		
	0					196	
11	Nonqualified	Inlane		12a Sonii	netruction	s for box 12	
	117	piano		124 366 11	iou utilion	0 101 DOX 12	
				BB	1	4529	
14	Other			12b	i	202	
				12c			
				12d		603	
				13 Stat emp. 0	Ret. Plan x	3rd party sick pay	
	Charle 2187 T Johnso	s Mays revino E	ill S				
15		Employers' stat 84-84-157	te ID no.	16 State	wages, ti	ps, etc. 43279.27	
	State incom	e tax		18 Loca	l wages, t	ips, etc.	
17						72467.14	
17	5067.21			20 Loca	lity name		
17	5067.21 Local incom 9791.24	ne tax			,	Maria Camp	
	Local incom 9791.24	ne tax Federal		Filing		Maria Camp	
	Local incom 9791.24	Federal	Vage	Filing	Tax		
	Local incom 9791.24	Federal \	Vage tatemer	Filing and			

3	79458.26				12679.4					
	Social security wage		4 Soci	al aggression						
,	70291.87	4 Social security tax withheld 5377.33								
5	Medicare wages and	tine	6 Modi	6 Medicare tax withheld						
•	88849.06		- medi	Oute tax Wi	2576.62					
d	Control number	I 5	Corp.							
	Control number 89572	Dept. 150	Corp.		Employer use only A	36				
133	Employer's name, ad		ode	1	A	30				
•			oue							
	Key-Hanna									
	088 Harpe	er Ridge <i>R</i>	Apt. 8	89						
	Kellyber	nv 2	21899-	4850						
	0									
b	Employer's FED ID n	umber	a Emp	loyee's SS	A number					
	13-6276191				0					
_	0 1 - 1 16 1									
7	Social security tips 70291.87		8 Alloc	ated tips	88849.06					
	/0291.8/				00049.00					
9	Verification Code		10 Dep	endent car	benefits					
	0				196					
11	Nonqualified plans		12a See	instruction	s for box 12					
	117				4500					
14	Other		12b		4529 202					
	Other		12c		287					
			12d		603					
				p. Ret. Plan	603 3rd party sick pay					
			13 Stat emp							
e/f	Employees name, ad	dress and ZIP co	13 Stat emp	p. Ret. Plan	3rd party sick pay					
e/f			13 Stat emp	p. Ret. Plan	3rd party sick pay					
e/f	Employees name, ad		13 Stat emp	p. Ret. Plan	3rd party sick pay					
e/f	Charles		13 Stat em 0 ode	p. Ret. Plan x	3rd party sick pay					
e/f	Charles 2187 Tre	Mays vino Hill	13 Stat emp 0 ode	Ret. Plan	3rd party sick pay					
e/f	Charles 2187 Tre Johnsonbe	Mays vino Hill	13 Stat emp 0 ode	p. Ret. Plan x	3rd party sick pay					
e/f	Charles 2187 Tre	Mays vino Hill	13 Stat emp 0 ode	Ret. Plan	3rd party sick pay					
	Charles 2187 Tree Johnsonbe	Mays vino Hill	13 Stat emp 0 ode Suite 2951	208 1-7451	3rd party sick pay x					
	Charles 2187 Tree Johnsonbe	Mays wino Hill erg CO	13 Stat emp 0 ode Suite 2951	208 1-7451	3rd party sick pay x					
15	Charles 2187 Tre Johnsonbe 0 State Emp NE 84-1	Mays wino Hill erg CO	Suite 2951	208 1-7451 te wages, t	3rd party sick pay x ps, etc. 43279.27					
15	Charles 2187 Tre Johnsonbe 0 State Emp NE 84-4 State income tax	Mays wino Hill erg CO	Suite 2951	208 1-7451	3rd party sick pay x ips, etc. 43279.27 ips, etc.					
15	Charles 2187 Tre Johnsonbe 0 State Emp NE 84-1	Mays wino Hill erg CO	Suite 2951	208 1-7451 te wages, t	3rd party sick pay x ps, etc. 43279.27					
15	Charles 2187 Tre Johnsonbe 0 State Emp NE 84-4 State income tax	Mays wino Hill erg CO	13 Statem 0 ode Suite 2951 16 Sta	208 1-7451 te wages, t	3rd party slick pay x pps. etc. 4.3279 . 27 jps. etc. 7.2467 . 14					
15	Charles 2187 Tree Johnsonbe 0 State Emp NE 84-i State income tax 5067.21	Mays wino Hill erg CO	13 Statem 0 ode Suite 2951 16 Sta	208 1-7451 te wages, t	3rd party slick pay x pps. etc. 4.3279 . 27 jps. etc. 7.2467 . 14					
15	Charles 2187 Tree Johnsonb 0 State Emp 84-i State income tax 5067.21 Local income tax 9791.24	Mays vino Hill erg CO loyers' state ID no	13 Statemy 0 ode Suite 2951 16 Statemy 18 Local 20 Local 18 Local 20 Loca	208 1-7451 te wages, t	3rd party slick pay x x ips, etc. 43279 , 27 jos, etc. 72467 , 14					
15	Charles 2187 Tree Johnsonb 0 State Emp 84-i State income tax 5067.21 Local income tax 9791.24	Mays wino Hill erg CO	13 Statem 0 ode Suite 2951 16 Sta	208 1-7451 te wages, t	3rd party slick pay x x ips, etc. 43279 , 27 jos, etc. 72467 , 14					
15	Charles 2187 Tree Johnsonb 0 State Emp 84-i State income tax 5067.21 Local income tax 9791.24	Mays vino Hill erg CO loyers' state ID no	Suite 2951 16 Sta 18 Loc Filing	208 1-7451 te wages, t	Jard party sick pay x x jps, etc. 43279 . 27 jps, etc. 72467 . 14 Maria Camp					
e/f	Charles 2187 Tree Johnsonb 0 State Emp 84-1 State income tax 5067-21 Local income tax 9791-24 NE.	Mays vino Hill arg CO loyers' state ID no 14-157	Suite 2951 16 Sta 18 Loc Filing and	208 1-7451 te wages, t	Jard party sick pay x pps, etc. 43279-27 ips, etc. 72467.14 Maria Camp COpy					
15	Charles 2187 Tree Johnsonb 0 State Emp 84-i State income tax 5067.21 Local income tax 9791.24	Mays vino Hill erg CO loyers' state ID no	Suite 2951 16 Sta 18 Loc Filing and	208 1-7451 te wages, t	Jard party sick pay x x jps, etc. 43279 . 27 jps, etc. 72467 . 14 Maria Camp					

2 Federal income tax withheld

1	Wages, tips, other comp.		2 Feder	al income	tax withheld				
_	79458.26			12679.4					
3	3 Social security wages 70291.87			4 Social security tax withheld 5377.33					
5				6 Medicare tax withheld					
	88849.06				2576.62				
d	Control number	Dept.	Corp.		Employer use only				
733	9572	150			A	36			
С	Employer's name, address		ode						
	Key-Hanna L								
	088 Harper	-							
	Kellyberg	NV 2	21899-4	1850					
	0								
b	Employer's FED ID number	·r	a Emplo	yee's SSA	numbor				
	13-6276191	"	a Lilipi	yee a oon	0				
7	Social security tips 70291.87		8 Alloca	ted tips	88849.06				
	70231.07				00049.00				
9	Verification Code		10 Depe	ndent care					
	0		196						
11	Nonqualified plans		12a See i	nstructions	s for box 12				
	117								
14	Other		BB 4529 12b 202						
	Other		12c		287				
			12d		603				
			13 Stat emp.		3rd party sick pay				
e/f	Employees name, address	and ZIP co	0 nde	×	x				
	Charles Ma	ys							
	2187 Trevin	o Hill	Suite	208					
	Johnsonberg	co	29511	-7451					
	0								
15	State Employers	s' state ID no	40 00-1	wages, ti					
15	NE 84-84-1		16 State	wages, ti	ps, etc. 43279.27				
L									
17	State income tax 5067.21		18 Loca	l wages, ti	ps, etc. 72467.14				
	5007.21				/240/.14				
19	Local income tax		20 Loca	lity name					
	9791.24				Maria Camp				
<u> </u>	City or Lo	cal	Filing		Сору				
1	J., 01 L0	Wage		Tax	Jop,				
١		Stateme		IUA					
V	/-2	Cidioili			2018				
Сор	y 2 to be filed with employee's	City or Loc	al Income T	ax Return	OMB No. 1545-0008				
	,	,							