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927	2905	per	150	COI	υ.		Α ΕΠ	ipioyei use on	36
С	Employer's	name, addı	ess, and ZII	P code					
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	389 D	iane Si	ımmi t						
			n AL 80	600	. 4 4 5	_			
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				Ba	itch		#020	021	
e/f	Employees	name, addr	ess and ZIP	code					
	Natasi	na Sim	oson						
			Spring	0	+-	E27			
		Andre	wmouth	IA	910	62-63	35		
	0								
b	Employer's	FED ID nur	nber	а	Emplo	vee's SS	A number		
	85-0244	186					543-25-1	172	
1	Wages, tips, 244165.1		p.	2	Feder	al income	tax withhel		
	244105						03300.43	,	
3	Social secur	ity wages		4	Social	security	tax withheld	i	
	297810.	56					22782.51	L	
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5	Medicare wa		os	6	Medic	are tax w			
	287785.	52					8345.78		
7	Social secur	ity tine		8	Alloca	ted tips			
ľ	297810.			ľ	Alloca	iteu tips	287785.5	52	
9	Verification	Code		10	Depe	ndent car	re benefits		
	0						286		
11	Nonqualified plans			12a	See ii	nstruction	ns for box 12		
	179								
					T		6008		
14	Other			12b			839 115		
				12c			1 221		
						Ret. Plan	3rd party sick	pay	
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15	State		state ID no.	16	State	wages,			
1	VA	198-66-8	365	1			124896.2	21	
17	State incon	ne tax		18	Loca	l wages,	tins. etc.		
l	11188.20			1.0	_000		232291.8	84	
L									
19	Local incor			20	Loca	lity name			
1	44648.1			- 1			Samuel S	pring	

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.

Gı	ross Pay		Social Security Tax Withheld	22782.51	VA.State Income Tax Box 17 of W-2	11188.26
			Box 4 of W-2		Local Income Tax	44648.14
					Box 19 of W-2	
Fe	ed. Income	85580.43	Medicare Tax	8345.78		
Ta	ax Withheld		Withheld		SUI/SDI/FLI	
Во	ox 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	r Medicare	VA.State Wages,	Samuel Spring	
	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	352528.08	4E+05	352528.1	352528.1	352528.1	
Plus GTL (C-Box 12)	6008	6008	6008	6008	6008	
Less 401(k) (D-Box 2) Less Other Café 125	839 85580.43	N/A 85580.43	N/A 85580.43	839 85580.43	N/A 85580.43	
Reported W-2 Wages	244165.14	244165.14	244165.14	244165.14	244165.14	

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

Natasha Simpson 685 Richard Spring Suite 527 Calderontown AL 80689-44 Social Security Number: 543-25-1172
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

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	Wages, tips, other comp. 244165.14			2 Federal income tax withheld 85580.43						
3	Social security wages	4 Social security tax withheld								
3	297810.56	4 Social security tax withheld 22782.51								
5	Medicare wages and ti	licare wages and tips			6 Medicare tax withheld					
	287785.52			8345.78						
d	Control number	Dept.	Corp.		Employer use only					
927	72905 150				Α	36				
С	Employer's name, add	ress, and ZIP	code							
	Rice, Contr	eras and	Mito	chell ar	d Sons					
	389 Diane S									
	Calderontow	n AL 806	89-44	156						
	0									
	F									
b	Employer's FED ID nui 85-0244186	nber	a Em	ployee's SS/	number 0					
	03-0244180				v					
7	Social security tips		8 Alle	ocated tips						
	297810.56		l		287785.52					
_										
9	Verification Code		10 De	pendent care	benefits 286					
	U				200					
11	Nonqualified plans		12a Se	12a See instructions for box 12						
	179			TEG OCC MONIGONO TO BOX TE						
					6008					
14	Other		12b		839					
			12c		115					
			12d	i	221					
			12d 13 Stat e	mp. Ret. Plan	221 3rd party sick pay					
e/f	Employees name, add	ress and ZIP o	12d 13 Stat e	i	221					
e/f	Employees name, add	ress and ZIP o	12d 13 Stat e	mp. Ret. Plan	221 3rd party sick pay					
e/f	Employees name, add		12d 13 Stat e	mp. Ret. Plan	221 3rd party sick pay					
e/f	Natasha Sim	pson	12d 13 Stat e x	mp. Ret. Plan	221 3rd party sick pay					
e/f	Natasha Sim	pson Spring	12d 13 States x code	mp. Ret. Plan	221 3rd party sick pay x					
e/f	Natasha Sim 685 Richard North Andre	pson Spring	12d 13 States x code	mp. Ret. Plan	221 3rd party sick pay x					
e/f	Natasha Sim	pson Spring	12d 13 States x code	mp. Ret. Plan	221 3rd party sick pay x					
e/f	Natasha Sim 685 Richard North Andre	pson Spring	12d 13 States x code Suite A 91	Ret. Plan x 2 527 1062-633	221 3rd party sick pay x					
	Natasha Sim 685 Richard North Andre	pson Spring wmouth I	12d 13 States x code Suite A 91	mp. Ret. Plan	221 3rd party sick pay x					
15	Natasha Sim 685 Richard North Andre 0 State Employer VA 98-66-8	pson Spring wmouth I	12d 13 States x code Suite A 91	Ret. Plan x 9 527 1062-633 tate wages, ti	221 3rd parry sick pay x x 15 ps, etc. 124896.21					
15	Natasha Sim 685 Richard North Andre 0 State Employer VA 98-66-8	pson Spring wmouth I	12d 13 States x code Suite A 91	Ret. Plan x 2 527 1062-633	221 Md parry sick pay x x 15 ps, etc. 124896.21 ips, etc.					
15	Natasha Sim 685 Richard North Andre 0 State Employer VA 98-66-8	pson Spring wmouth I	12d 13 States x code Suite A 91	Ret. Plan x 9 527 1062-633 tate wages, ti	221 3rd parry sick pay x x 15 ps, etc. 124896.21					
15	Natasha Sim 685 Richard North Andre 0 State Employer VA 98-66-8	pson Spring wmouth I	12d 13 State of x 20de Suite A 91 16 St	Ret. Plan x 9 527 1062-633 tate wages, ti	221 Md parry sick pay x x 15 ps, etc. 124896.21 ips, etc.					
15	Natasha Sim 685 Richard North Andre 0 State VA Employer 98-66-8 State income tax 11188.26	pson Spring wmouth I	12d 13 State of x 20de Suite A 91 16 St	Ret. Plan x = 527 L062-633 atate wages, ti	221 Md parry sick pay x x 15 ps, etc. 124896.21 ips, etc.					
15	Natasha Sim 685 Richard North Andre 0 State Employen 98-66-8 State income tax 11188.26	pson Spring wmouth I	12d 13 State of x 20de Suite A 91 16 St	Ret. Plan x 2 527 1 062 - 633 ate wages, to ocal wages, to ocality name	221 3rd party sick pay x x x 15 ps. etc. 124896.21 ps. etc. 232291.84					
15	Natasha Sim 685 Richard North Andre 0 State Employen 98-66-8 State income tax 11188.26	pson Spring wmouth I s'state ID no.	12d 13 State of x 20de Suite A 91 16 St	Ret. Plan x 2 527 1 062 - 633 ate wages, to ocal wages, to ocality name	221 3rd party sick pay x x x 15 ps. etc. 124896.21 ps. etc. 232291.84					
15	Natasha Sim 685 Richard North Andre 0 State VA 98-66-8 State income tax 11188.26 Local income tax 44648.14	pson Spring wmouth I	12d 13 State of x 20de Suite A 91 16 St	Ret. Plan x 2 527 1 062 - 633 atate wages, ti cocal wages, tr cocality name	221 3rd party sick pay x x x 15 ps. etc. 124896.21 ps. etc. 232291.84 Samuel Spring					
15	Natasha Sim 685 Richard North Andre 0 State Employer 98-66-8 State income tax 11180.26 Local income tax 44648.14	Spring Spring Wmouth I	12d 13 State x code Suite A 91 16 St 18 Le Filing	Ret. Plan x 2 527 1 062 - 633 atate wages, ti cocal wages, tr cocality name	221 Jard party sick pay x x x 15 ps, etc. 124896.21 psp, etc. 232291.84 Samuel Spring Copy					
15	Natasha Sim 685 Richard North Andre 0 State VA 98-66-8 State income tax 11188.26 Local income tax 44648.14	pson Spring wmouth I	12d 13 State x code Suite A 91 16 St 18 Le Filing	Ret. Plan x 2 527 1 062 - 633 atate wages, ti cocal wages, tr cocality name	221 3rd party sick pay x x x 15 ps. etc. 124896.21 ps. etc. 232291.84 Samuel Spring					

1	Wages, tips, oth			2	Feder	al incom		ithheld 30.43			
3				4 Social security tax withheld							
3	297810.56			-	4 Social security tax withheld 22782.51						
5	Medicare wages and tips			6							
	287785.	52					8345				
d	Control number		Dept.	Corp).			Employer use only			
927	2905		150				Α		36		
С	Employer's nan	ne, address	, and ZIP of	ode							
	Rice,	Contre	ras a	nd I	Mitc	hell	and	Sons			
	389 D	iane Su	mmit								
	Coldo	rontown	. AT 0	160	0-44	E 6					
	Carde		I AL O	000	5 -44	50					
	0										
b	Employer's FEI	ID numbe	r	a	Emplo	yee's SS	A num	ber			
	85-0244	186					0				
				_							
7	Social security			8	Alloca	ted tips	2077	785.52			
	257020	50					2071	.03.32			
9	Verification Cod			10	Depe	ndent ca		fits			
	0						286				
11	Nonqualified pl	lane		12a	See in	structio	ns for h	nov 12			
	179					ioti dotio		OA IE			
					T		6008	3			
14	Other			12b			839				
				12c			1 221				
								arty sick pay			
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e/f	Employees nan	ne, address	and ZIP c	ode							
		ha Simp									
	685 R	ichard	Spring	g S	uite	527					
	North	Andrew	mouth	IA	91	062-	6335				
	0										
15	State VA	Employers 98-66-86		16	State	wages,		c. 396.21			
	VA.	30-00-00					1240	390.21			
17	State income t			18	Loca	l wages,					
	11188.2	6					2322	291.84			
19	Local income	tav		20	Loca	lity name					
13	44648.14		20	LUCA	iity iiaiii		Samuel Spring				
1		VA.State		Fi	ling		_	Сору			
			Wage	а	nd	Tax					
١.			Stateme				_	040			
V	<i>l</i> -2						- 2	2018			
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Cop	y 2 to be filed with	n employee's	State Inco	me la	ax Ketu	ım	OMB	No. 1545-0008			

1	Wagne tine other	comp	2	Endor	lincomo	tay withhold				
	Wages, tips, other comp. 244165.14			2 Federal income tax withheld 85580.43						
3	Social security wages 297810.56			4 Social security tax withheld 22782.51						
5	Medicare wages a									
5	287785.52			6 Medicare tax withheld 8345.78						
d Control number Dept. 9272905 150						Employer use				
927 C	Employer's name,	150	codo			A	36			
	Rice, C 389 Dia	ontreras a ne Summit ntown AL 8	and M			and Sons				
b	Employer's FED II 85-024418		a I	Emplo	yee's SS/	N number 0				
7	Social security tip	3	8 .	Alloca	ed tips					
	297810.56					287785.52				
9	Verification Code		10	10 Dependent care benefits						
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11	Nonqualified plans			12a See instructions for box 12						
14	Other		12b	T		6008 839				
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17	7 State income tax 11188.26			18 Local wages, tips, etc. 232291.84						
19	Local income tax 44648.14		20	Local	ity name	Samuel Spring				
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