		Employe	е	Refe	erenc	e		Сору	
			Wage	a	and	Tax			
١.	V-2		Statemen	nt			-	0040	
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Cop	y C for employ	ee's records	i.				OME	3 No. 1545-0008	
d	Control numl		Dept.	Cor	p.			Employer use only	
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С	Employer's		ess, and zir elendez						
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		Pratt (							
	West I	Rachell	erg	LA		41958	3-36	65	
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				B:	atch			#02021	
				_`					
e/f	Employees i	name, addr	ess and ZIP	code					
	Jordan	n I	Harmon						
	6861 I	Davis (	Causewa	,					
ı		Carlat		VV	254	78-571	4		
	0						-		
b	Employer's I		nber	а	Empl	oyee's SSA		iber -93-4513	
	22-22104	145					419	-93-4513	
1	Wages, tips,		p.	2	Feder	al income			
	191517.5	51					559	12.02	
3	Social secur	itv wages		4	Socia	I security t	tax wi	thheld	
	226795.9							49.89	
_				+-					
5	Medicare wa		os	6	Medic	are tax wit			
	186308.2	27					540	2.94	
7	Social secur	ity tips		8	Alloca	ited tips			
	226795.9	94					186	308.27	
9	Verification (	Codo		10	Dono	ndent care	, bon	ofite	
,	0	Code		10	рере	nuent care	266	111.5	
11	Nonqualified 195	d plans		12a	See i	nstruction	s for I	oox 12	
	195				GG	1	932	1	
14	Other			12b					
				12c			389		
				12d		Ret. Plan	795	arty sick pay	
					0	0		0	
15	State		state ID no.	16	State	wages, ti			
	AK	563-17-5	505				103	851.68	
17	State incon	ne tax		18	Loca	ıl wages, t	ips, e	tc.	
	3195.84			1		- /		630.66	
19	Local incor			20		lity name			
19	Local incor	ne tax		20	LOCE	iiity name			

## 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	264779.4	Social Security Tax Withheld	17349.89	AK.State Income Tax Box 17 of W-2	3195.84
		Box 4 of W-2		Local Income Tax Box 19 of W-2	36533.07
Fed. Income	55912.02	Medicare Tax	5402.94		
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	r Medicare	AK.State Wages,	Le Stream
	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	264779.42	3E+05	264779.4	264779.4	264779.4
Plus GTL (C-Box 12)	9321	9321	9321	9321	9321
Less 401(k) (D-Box 2)	140	N/A	N/A	140	N/A
Less Other Café 125	55912.02	55912.02	55912.02	55912.02	55912.02
Reported W-2 Wages	191517.51	191517.51	191517.51	191517.51	191517.51

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

Jordan Harmon	Social Security Number: Taxable Marital Status:	419-93-4513 MARRIED
6861 Davis Causeway	Exemptions/Allowances: FEDERAL: 4 STATE: 4	_
West Rachelberg LA	LOCAL:	

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1	Wages, tips, other con 191517.51	p.	2	Feder	al incom	e tax wit 5591		
3	Social security wages 226795.94		4	Socia	l security	tax with		
5	Medicare wages and ti 186308.27	os	6	Medic	are tax w	ithheld 5402	.94	
d	Control number	Dept.	Cor	n			Employer use only	
990	4280	150				Α	,,	36
С	Employer's name, add	ess, and ZIP	code	•				
	Hernandez-M	elendez	Lt	d				
	0378 Pratt	Course						
	West Rachel	bera	T 70		4195	0-26	e E	
	west Rachel	berg .	ш		4193	0-30	33	
	0							
b	Employer's FED ID nu	nber	а	Emple	oyee's SS	SA numb	er	
	22-2210445					0		
7	Social security tips		8	Alla				
′	Social security tips 226795.94		8	Alloca	ited tips	1863	2. 0.2 hheld 9.89 .94 Employer use only 36 55 ser 08.27 iits 0x 12 51.68	
9	Verification Code		10	Depe	ndent ca		its	
	0					266		
11	Nonqualified plans		122	See i	nstructio	ns for b	ox 12	
••	195						2A 12	
				GG		9321		
14	Other		12b			140		
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e/f	Employees name, add	ess and ZIP c	ode					
	Jordan							
		Harmon						
	6861 Davis	_						
	South Carla	ton N	V	254	78-57	14		
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15	State Employers	s' state ID no.	16	Ctat	wages,	4100 040		
13	AK 63-17-5		10	Jian	wayes,			
	11							
17	State income tax		18	Loca	ıl wages,			
	3195.84					2456	30.66	
19	Local income tax		20	Loca	lity name	9		
	36533.07					Le S	tream	
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	Federa			iling		(	Сору	
				and	Tax			
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1	Wages, tips, oth 191517.5		2 Fede	ral income	tax withheld 55912.02				
3	Social security v		4 Social security tax withheld 17349.89						
5	Medicare wages		6 Medi	care tax wit					
	186308.2		o mean	Jaie tax wit	5402.94				
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d	Control number	Dept.	Corp.		Employer use only				
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	Hernar	ndez-Melende	z Ltd						
	0378 1	ratt Course							
	Woot I	Rachelberg	LA	410	58-3665				
	westr	acherberg	TIP	415	36-3665				
	U								
b	Employer's FED	ID number	a Empl	oyee's SSA	number				
	22-22104		a Lilipi	oyee a oor	0				
	22-22104	45			ů				
7	Social security t	ips	8 Alloc	ated tips					
	226795.9	4		-	186308.27				
9	Verification Cod	e	10 Depe	10 Dependent care benefits					
	0	266							
11	Nonqualified pl		12a Caa		s for box 12				
"	195	1115	124 366	instruction:	S IOI DOX 12				
	233		GG	i	9321				
14	Other		12b   140						
			12c	i	389				
			12d	- 1	795				
			13 Stat emp	Ret. Plan	3rd party sick pay				
			0	0	0				
e/f	Employees nam	e, address and ZIP c	ode						
	Jordan	n Harmon							
	6861 I	avis Causew	ay						
	South	Carlaton	NV 2	5478-5	714				
	0	ourracon							
15	State	Employers' state ID no	16 Stat	e wages, ti	ps, etc.				
	AK	63-17-505			103851.68				
17	State income to	3X	18 Loc	al wages, ti					
	3195.84				245630.66				
19	Local income t	24	20 Loc	ality name					
10	36533.07		20 LOC	anty ridille	Le Stream				
	50555.07		1						
		AK.State	Filina		Copy				
				<b>T</b>	ООРУ				
			and	Tax					
		Wage							
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-	<b>/-2</b>		ent		2018				

3					4 Social security tax withheld					
L	226795.94				17349.89					
5	Medicare wages and tips 186308.27				6 Medicare tax withheld 5402.94					
L.			-	_						
d	Control number 4280		Dept. 150	Con	p.		Employer use only  A	36		
C	Employer's nam	e. address		ode			^	30		
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		ratt (			ca					
		Rachell	erg	L	A	419	58-3665			
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b	Employer's FED	ID numbe	,	2	Emple	yee's SSA	\ number			
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7	Social security t			8	Alloca	ted tips	105300 07			
	226795.9	4					186308.27			
9	Verification Cod	е		10	Depe	ndent care	benefits			
	0						266			
11	Nonqualified pla	ne		122	Soo is	etruction	s for box 12			
١	195	1110		120	366 11	isti uctioni	5 101 DOX 12			
					GG		9321			
14	Other			12b			140			
				12c			<b>389</b> 795			
							3rd party sick pay			
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e/f	Employees nam	e, address	and ZIP co	ode						
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	Jordar	-	larmon							
	6861 I	avis (	Causewa	ay NV 25478-5714						
	South	Carlat	con							
	0									
15	State		state ID no	40	01-1-					
13	AK	63-17-50		10	State	wayes, u	103851.68			
17	State income to	x		18	Loca	l wages, ti				
1	3195.84			1			245630.66			
19	Local income t	ax		20	Loca	lity name				
	36533.07			1			Le Stream			
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	Ci	ty or Lo			iling		Сору			
1			Wage	a	and	Tax				
۱۸	W-2 Stateme						2018			
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Сор	y 2 to be filed with	employee's	City or Loc	al In	come T	ax Return	OMB No. 1545-0008			