		Employe	e l	Ref	erenc	е		Сору	
			Wage		and	Tax			
۱۸	V-2		Statemen	ıt			-	2018	
V	V-Z								
Сор	y C for employ						OME	3 No. 1545-0008	
d 674	Control numl	ber	Dept. 150	Co	rp.		Α	Employer use only	36
С			ress, and ZIP	cod	9				
		on Inc	-						
			Club Su						
	Guerre	erovil	le PA	1	144	63-73	91		
	U								
				В	atch		7	#02021	
e/f	Employees	name, addı	ess and ZIP	code					
	Aaron	Keni	nedy						
	209 Bi	rown Ca	-						
		Craig	-		3238	7-185	6		
	0								
b	Employer's	FED ID nur	nhor	la	Fmnl	yee's SS	A num	hor	
ľ	93-96848			ľ	p.	,,,,,,,		-09-9642	
1	Wages, tips.	other com	n	2	Endor	al income	tav w	ithhold	
	98227.83		μ.	1	i edei	ai ilicollie		33.56	
3	Social secur	ity wanes		4	Socia	security	tav wi	thheld	
ľ	100521.9			1	000.0	. 50001111		9.93	
-				-					
5	Medicare wa		os	6	Medic	are tax w		1 5.68	
							211	5.00	
7	Social secur 100521.9			8	Alloca	ted tips	720	54.42	
9	Verification (Code		10	Depe	ndent car	e bene	efits	
							233		
11	Nonqualified 127	d plans		128	See i	nstruction	ns for b	oox 12	
					s		484	3	
14	Other			12h			978		
				120			585 217		
				13 5	Stat emp.	Ret. Plan		arty sick pay	
15	State	Employers	state ID no.	16	State	0 wages, 1	tips, et	x c.	
	WA	520-57-4						09.57	
17	State incon	ne tax		18	Loca	l wages,	tips, et	tc.	
	3808.39			ľ		,		40.46	
19	Local incor	ne tax		20	Loca	lity name	,		
1.0	16691.61			1		,		d Row	

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.

		30 20	to pay otas pia	o arry aujuotimornio our	onnica by your omproyers	
Gross Pay	118151.3	Social Security Tax Withheld	7689.93	WA.State Income Tax Box 17 of W-2	3808.39	
		Box 4 of W-2		Local Income Tax	16691.61	
				Box 19 of W-2		
Fed. Income	12233.56	Medicare Tax	2115.68			
Tax Withheld		Withheld		SU/SDI/FLI		
Box 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	WA.State Wages,	Boyd Row
	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	118151.32	1E+05	118151.3	118151.3	118151.3
Plus GTL (C-Box 12)	4843	4843	4843	4843	4843
Less 401(k) (D-Box 2) Less Other Café 125	978 12233.56	N/A 12233.56	N/A 12233.56	978 12233.56	N/A 12233.56
Reported W-2 Wages	98227.83	98227.83	98227.83	98227.83	98227.83

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.

	Social Security Number:	830-09-96
Aaron Kennedy	Taxable Marital Status:	MARRIED
· · ·	Exemptions/Allowances:	
209 Brown Camp	FEDERAL: 4	
205 220mi camp	STATE: 4	
Guerreroville PA 14	LOCAL:	

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1	Wages, tips, other comp. 98227.83	2 Federal income tax withheld 12233.56
3	Social security wages	4 Social security tax withheld
-	100521.99	7689.93
5	Medicare wages and tips	6 Medicare tax withheld
•	72954.42	2115.68
d	Control number Dept.	Corp. Employer use only
		50 A 36
С	Employer's name, address, ar	
	Johnson Inc Gro	un.
		-
	90404 Anita Clu	b Suite 751
	Guerreroville	PA 14463-7391
	0	
b	Employer's FED ID number	a Employee's SSA number
	93-9684820	0
_	01-1	8 Allocated tips
7	Social security tips 100521.99	8 Allocated tips 72954.42
	100321.33	72954.42
9	Verification Code	10 Dependent care benefits
	0	239
11	Nonqualified plans	12a See instructions for box 12
	127	
14	Other	S 4843
-	001	12c 585
		12d 217
		13 Stat emp. Ret. Plan 3rd party sick pay
		0 0 x
e/f	Employees name, address an	d ZIP code
	Aaron Kennedy	
	209 Brown Camp	
	North Craig	SC 32387-1856
	NOITH CLAIG	50 52507 1050
	U	
15	State Employers' state I	D no. 16 State wages, tips, etc.
	WA 20-57-430	49309.57
17	State income tax	18 Local wages, tips, etc.
	3808.39	84740.46
19	Local income tax	20 Locality name
10	16691.61	Boyd Row
	Federal	Filing Copy
		age and Tax
v	Stat	tement 2018
•		2018

_	W C					
1	Wages, tips, other co	np.	2 F	ederal income	tax withheid 12233.56	
3	Social security wages		4 S	ocial security		
3	100521.99		• •	ociai security	7689.93	
5	Medicare wages and	ips	6 N	ledicare tax w	ithheld	
	72954.42				2115.68	
d	Control number	Dept.	Corp.		Employer use only	
674	1013	150			A	36
С	Employer's name, ad-	iress, and ZIP c	ode	•		
	Johnson I	nc Group				
	90404 Ani	ta Club S	Suit	e 751		
	Guerrerov		PA	14463-7	301	
	Guerrerov	1116		14405 /	331	
	· ·					
b	Employer's FED ID no	ımber	a E	mployee's SS	A number	
	93-9684820				0	
7	Social security tips 100521.99		8 A	Illocated tips	72954.42	
	100521.99				12334.42	
9	Verification Code		10 I	Dependent car	e benefits	
	0				239	
11	Nonqualified plans		40- 6	See instruction	- 1 1 10	
11	Nonqualified plans		12a 3	see instruction	IS for box 12	
	127			s	4843	
14	Other		12b		978	
			12c		585	
			12d		217	
			13 Stat	emp. Ret. Plan	3rd party sick pay	
e/f	Employees name, add	dress and ZIP co	ode			
	Aaron F	ennedy				
	209 Brown	Camp				
	North Cra	-		32387-18	56	
	NOT CIT CIT	19 50		32307 10	50	
	•					
15		oyers' state ID no	16	State wages, t		
	WA 20-5	7-430			49309.57	
17	State income tax		18	Local wages,	tine otc	
l''	3808.39		10	Local Wayes,	84740.46	
19	Local income tax		20	Locality name		
	16691.61				Boyd Row	
	10/0	State	Fili	na	Conv	
i .	WA.	Wage		•	Сору	
			ar	ıd Tax		
w	1-2	Stateme			2018	
-	V-2 y 2 to be filed with emplo	Stateme	ent		2018 OMB No. 1545-0008	

١.	98227.83	or comp.		1	euer	ai ilicollie	12233.56	
3	Social security w	12000		4	Social	eocurity	tax withheld	
٥	100521.9			1	ooual	adcurity i	7689.93	
5	Medicare wages				Madia	are tax wi		
3	72954.42	anu ups		٥	weulc	are tax wi	2115.68	
			-	_				
	Control number		Dept.	Corp			Employer us	
674	1013 Employer's name		150				A	36
С				oae				
	Johnso	n Inc	Group					
	90404	Anita	Club S	Sui	te 7	51		
	Guerre	marri 1 1		270	1.4	162-7	201	
	Odelle	TOVILI				1405 /	371	
	U							
b	Employer's FED	ID numbo		а	Emple	yee's SS	1 number	
1	93-96848			a	Lilipic	yee a son	0	
	33 30040.						•	
7	Social security ti	ps		8	Alloca	ted tips		
	100521.9	9					72954.42	
9	Verification Code	•		10	Depe	ndent care		
	0						239	
11	N			40-	0 1		s for box 12	
11	Nonqualified pla 127	ns		12a	5ee II	nstruction	S for box 12	
	127				s		4843	
14	Other			12b			978	
				12c			585	
				12d		- 1	217	
				13 St	at emp.	Ret. Plan	3rd party sick pay	
					0	0	×	
e/f	Employees name	e, address	and ZIP co	ode				
	Aaron	Kenr	nedy					
	209 Br	own Ca	amp					
	North		-		222	07_10	E 6	
	NOT CII	Crary	30		323	00/-10	36	
	0							
15	State	Employers	state ID no	16	State	wanes f	ine etc	
		20-57-43			Olule	· ···ugico, c	49309.57	
17	State income ta	x		18	Loca	l wages, t	ips, etc.	
	3808.39						84740.46	
19	Local income ta	ıx		20	Loca	lity name		
	16691.61						Boyd Row	
_	0.1			_			Camir	
	Cit	y or Lo	cal				Сору	
			Wage	а	nd	Tax		
			Stateme				0040	
W	<i>I</i> -2						2018	
Con	v 2 to be filed with	omnlovee's	City or Loc	al Inc	ome T	av Return	OMB No. 1545-0008	
COD	y ∠ to be filed with	empioyee's	city or Loc	al Inc	ume I	ax Keturn	OINB NO. 1545-0008	

2 Federal income tax withheld