|     |                          | Employe               | e f            | Refe | erenc  | e          |           | Сору              |          |
|-----|--------------------------|-----------------------|----------------|------|--------|------------|-----------|-------------------|----------|
| ı   |                          |                       | Wage           | a    | and    | Tax        |           |                   |          |
| ١,  | V-2                      |                       | Statemen       | t    |        |            |           | 2018              |          |
| V   | V-Z                      |                       |                |      |        |            |           |                   |          |
| Cop | y C for employ           |                       | i.             |      |        |            | 0         | MB No. 1545-0008  |          |
| d   | Control num              | ber                   | Dept.<br>150   | Cor  | p.     |            | _         | Employer use on   | ly<br>36 |
| 266 | 6530                     |                       | 150            |      |        |            | Α         |                   | 36       |
| С   | Employer's               | name, addr            | ess, and ZIP   | code | ,      |            |           |                   |          |
|     | Hender                   | rson ar               | nd Sons        | In   | 2      |            |           |                   |          |
| ı   | 7090 1                   | Lisa We               | ells Sui       | te   | 509    |            |           |                   |          |
| ı   | Philli                   | ipsbor                | ough           | ΑK   | 68     | 310-2      | 340       | )                 |          |
| ı   | 0                        |                       |                |      |        |            |           |                   |          |
| ı   |                          |                       |                |      |        |            |           |                   |          |
| ı   |                          |                       |                | Ва   | atch   |            |           | #02021            |          |
|     |                          |                       |                |      |        |            |           |                   |          |
| e/f | Employees i              | name, addr            | ess and ZIP of | ode  |        |            |           |                   |          |
| ı   |                          |                       |                |      |        |            |           |                   |          |
| ı   |                          | er Mai                |                |      |        |            |           |                   |          |
| ı   |                          |                       | th Circ        |      |        |            |           |                   |          |
|     |                          |                       | ncemouth       |      | MA     | 8422       | 24-       | -1143             |          |
|     | 0                        |                       |                |      |        |            |           |                   |          |
| b   | Employer's               |                       | nber           | а    | Emplo  | yee's SS   |           |                   |          |
| ı   | 23-14430                 | 063                   |                |      |        |            | 77        | 75-52-2811        |          |
| 1   | Wages, tips,             |                       | p.             | 2    | Feder  | al income  |           | withheld          |          |
| ı   | 44792.71                 | L                     |                |      |        |            | 15        | 5008.6            |          |
| 3   | Social secur             | ity wages             |                | 4    | Social | security   | tax       | withheld          |          |
| ı   | 35949.89                 | •                     |                |      |        |            | 27        | 750.17            |          |
| 5   | Medicare wa              | and tir               | · ·            | 6    | Modic  | are tax w  | ithh      | ald               |          |
| 3   | 44934.56                 |                       | JS             | ٥    | medic  | are tax w  |           | eiu<br>303.1      |          |
|     |                          |                       |                |      |        |            |           |                   |          |
| 7   | Social secur<br>35949.89 |                       |                | 8    | Alloca | ted tips   |           | 4934.56           |          |
|     |                          |                       |                |      |        |            |           |                   |          |
| 9   | Verification (           | Code                  |                | 10   | Depe   | ndent car  |           | enefits<br>41     |          |
| ı   | U                        |                       |                |      |        |            | 14        | *1                |          |
| 11  | Nonqualifie              | d plans               |                | 12a  | See i  | nstruction | s fo      | or box 12         |          |
| ı   | 280                      |                       |                |      | EE     |            | 81        | 763               |          |
| 14  | Other                    |                       |                | 12b  |        |            | 70        |                   |          |
| ı   |                          |                       |                | 12d  |        |            | 25        |                   |          |
| ı   |                          |                       |                |      |        | Ret. Plan  | 92<br>3rd | d party sick pay  |          |
|     |                          |                       |                |      | 0      | ×          |           | ×                 |          |
| 15  | State<br>ME              | Employers<br>537-80-2 | state ID no.   | 16   | State  | wages, t   |           | etc.<br>1382.66   |          |
| ı   |                          |                       | .03            |      |        |            | -         | 1502.00           |          |
| 17  | State incon              | ne tax                |                | 18   | Loca   | l wages,   |           | , etc.<br>4980.56 |          |
|     | 1/06.35                  |                       |                | 1    |        |            | 34        | 4700.30           |          |
| 19  | Local incor              | ne tax                |                | 20   | Loca   | lity name  |           |                   |          |
|     | 7642.27                  |                       |                |      |        |            |           | son Springs       |          |

## 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    |         | Social Security<br>Tax Withheld | 2750.17 | ME.State Income Tax<br>Box 17 of W-2 | 1706.35 |
|--------------|---------|---------------------------------|---------|--------------------------------------|---------|
|              |         | Box 4 of W-2                    |         | Local Income Tax                     | 7642.27 |
|              |         |                                 |         | Box 19 of W-2                        |         |
| Fed. Income  | 15008.6 | Medicare Tax                    | 1303.1  |                                      |         |
| Tax Withheld |         | Withheld                        |         | SUI/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.

|                            |                                     | ME.State Wages,  | Jason Springs   |
|----------------------------|-------------------------------------|--|---|
| Wages<br>Box 3 of W-       | Wages<br>2 Box 5 of W-2             | Tips, Etc.<br>Box 16 of W-2  | Local Wages,<br>Tips, Etc.<br>Box 18 of W2  |
| 62551                      | 62551.48                            | 62551.48   | 62551.48  |
| 8763                       | 8763                                | 8763   | 8763  |
| N/A<br>15008.6<br>44792.71 | N/A<br>15008.6<br>44792.71          | 702<br>15008.6<br>44792.71   | N/A<br>15008.6<br>44792.71  |
|                            | Box 3 of W-<br>62551<br>8763<br>N/A | Box 3 of W-2 Box 5 of W-2<br>62551 62551.48<br>8763 8763<br>N/A N/A<br>15008.6 15008.6 | Box 3 of W-2 Box 5 of W-2  Box 16 of W-2 |

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

Heather Martin 5443 Elizabeth Circles Suite 440 Phillipsborough AK 6

2 Federal income tax withheld

Social Security Number: 775-52-28
Taxable Marrital Status: MARRIED
Exemptions/Altovances:
FEDERAL: 4
STATE: 4
LOCAL:

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1 Wages, tips, other comp.

| 1                     |                                     | Wages, tips, other comp.<br>44792.71 |   |      |                                   |          | 2 Federal income tax withheld<br>15008.6 |                     |    |  |  |  |
|-----------------------|-------------------------------------|--------------------------------------|---|------|-----------------------------------|----------|--|---------------------|----|--|--|--|
| 3                     | Social securi<br>35949.89           | 4                                    | 4 Social security tax withheld<br>2750.17 |      |                                   |          |  |                     |    |  |  |  |
| 5                     | Medicare wages and tips<br>44934.56 |                                      |   | 6    | 6 Medicare tax withheld<br>1303.1 |          |  |                     |    |  |  |  |
| d                     | Control numb                        | oer                                  | Dept.                                     | Cor  | p.                                |          |  | Employer use only   | ,  |  |  |  |
|                       | 6530                                |                                      | 150                                       |      |                                   |          |  | A                   | 36 |  |  |  |
| С                     | Employer's r                        |                                      |   |      |                                   |          |  |                     |    |  |  |  |
|                       |                                     |                                      | nd Sons                                   |      |                                   |          |  |                     |    |  |  |  |
| 7090 Lisa Wells Suit  |                                     |                                      |   |      |                                   | ce 509   |  |                     |    |  |  |  |
|                       | Philli<br>0                         | psbor                                | ough                                      | AK   | 68                                | 310-     | 234                                      | 40                  |    |  |  |  |
| b                     | Employer's I                        | ED ID nun                            | nber                                      | а    | Emple                             | oyee's S | SA                                       | number              |    |  |  |  |
|                       | 23-14430                            | 63                                   |   |      |                                   |          |  | 0                   |    |  |  |  |
| 7                     | Social secur                        | ity tine                             |   | 8    | Alloc                             | ted tips | _  |                     |    |  |  |  |
| •                     | 35949.89                            |                                      |   | ۱    | Alloca                            | u ups    |  | 44934.56            |    |  |  |  |
|                       |                                     |                                      |   | 1    |                                   |          |  |                     |    |  |  |  |
| 9                     | Verification 0                      | Code                                 |   | 10   | Depe                              | ndent c  |  | benefits<br>141     |    |  |  |  |
|                       | 0                                   |                                      |   |      |                                   |          |  | 141                 |    |  |  |  |
| 11 Nonqualified plans |                                     |                                      |   |      | 12a See instructions for box 12   |          |  |                     |    |  |  |  |
|                       | 280                                 |                                      |   |      |                                   |          |  |                     |    |  |  |  |
| 14                    | Other                               |                                      |   | 12b  | EE                                |          |  | 8763<br>702         |    |  |  |  |
|                       | 4 Other                             |                                      |   |      |                                   |          |  | 250                 |    |  |  |  |
|                       |                                     |                                      |   | 12d  |                                   |          |  | 920                 |    |  |  |  |
|                       |                                     |                                      |   | 13 S |                                   |          | 1  | 3rd party sick pay  |    |  |  |  |
| e/f                   | Employees r                         | name, addr                           | ess and ZIP                               | code | 0                                 | ×        |  | ×                   |    |  |  |  |
|                       |                                     |                                      |   |      |                                   |          |  |                     |    |  |  |  |
|                       | Heathe                              | er Mai                               | rtin                                      |      |                                   |          |  |                     |    |  |  |  |
|                       | 5443 E                              | Clizabe                              | th Circ                                   | cle  | s Su                              | ite -    | 440                                      | 0                   |    |  |  |  |
|                       | North                               | Lawre                                | ncemouth                                  | 1    | MA                                | 84       | 224                                      | 4-1143              |    |  |  |  |
|                       | 0                                   |                                      |   |      |                                   |          |  |                     |    |  |  |  |
|                       |                                     |                                      |   | 1    |                                   |          |  |                     |    |  |  |  |
| 15                    | State<br>ME                         | Employers<br>37-80-26                | state ID no.                              | 16   | State                             | wages    |  | s, etc.<br>21382.66 |    |  |  |  |
|                       |                                     | 3, 00 20                             |   |      |                                   |          |  | 11301.00            |    |  |  |  |
| 17                    | State incom                         | ne tax                               |   | 18   | Loca                              | ıl wages |  |                     |    |  |  |  |
|                       | 1706.35                             |                                      |   |      |                                   |          |  | 34980.56            |    |  |  |  |
| 19                    | Local incon                         | ne tax                               |   | 20   | Loca                              | lity nan | ne                                       |                     |    |  |  |  |
|                       | 7642.27                             |                                      |   |      |                                   |          |  | Jason Springs       |    |  |  |  |
|                       |                                     | Federal                              |   | F    | iling                             |          |  | Сору                |    |  |  |  |
|                       |                                     |                                      | Wage                                      | ,    | and                               | Tax      | (  |                     |    |  |  |  |
|                       |                                     |                                      | Stateme                                   |      |                                   |          |  | 0040                |    |  |  |  |
|                       |                                     |                                      |   |      |                                   |          |  |                     |    |  |  |  |
| V                     | V-2                                 |                                      |   |      |                                   |          |  | 2018                |    |  |  |  |

| c Employer's name, address, and ZIP code Henderson and Sons Inc 7090 Lisa Wells Suite 509  | 36 |  |  |  |  |  |  |  |  |  |  |
|--|----|--|--|--|--|--|--|--|--|--|--|
| Medicare wages and tips  | 36 |  |  |  |  |  |  |  |  |  |  |
| 44934.56 1303.1  d Control number Dept. Corp. Employer use only 150 A  c Employer's name, address, and ZiP code  Henderson and Sons Inc 7090 Lisa Wells Suite 509  | 36 |  |  |  |  |  |  |  |  |  |  |
| d   Control number   Dept.   Corp.   Employer use only   2666530   150   A   3     c   Employer's name, address, and ZIP code   Henderson and Sons Inc   7090 Lisa Wells Suite 509   | 36 |  |  |  |  |  |  |  |  |  |  |
| 2666530 150 A 3 c Employer's name, address, and ZIP code Henderson and Sons Inc 7090 Lisa Wells Suite 509  | 36 |  |  |  |  |  |  |  |  |  |  |
| c Employer's name, address, and ZIP code Henderson and Sons Inc 7090 Lisa Wells Suite 509  | 36 |  |  |  |  |  |  |  |  |  |  |
| Henderson and Sons Inc<br>7090 Lisa Wells Suite 509  |    |  |  |  |  |  |  |  |  |  |  |
| 7090 Lisa Wells Suite 509  |    |  |  |  |  |  |  |  |  |  |  |
|  |    |  |  |  |  |  |  |  |  |  |  |
| Phillipsborough AK 68310-2340  |    |  |  |  |  |  |  |  |  |  |  |
| Phillipsborough AK 68310-2340  |    |  |  |  |  |  |  |  |  |  |  |
| Philipsbolough Ak 68310-2340   |    |  |  |  |  |  |  |  |  |  |  |
|  |    |  |  |  |  |  |  |  |  |  |  |
| b Employer's FED ID number a Employee's SSA number   |    |  |  |  |  |  |  |  |  |  |  |
| 23-1443063 0   |    |  |  |  |  |  |  |  |  |  |  |
| 7 Social security tips 8 Allocated tips  |    |  |  |  |  |  |  |  |  |  |  |
| 7 Social security tips 8 Allocated tips 35949.89 44934.56  |    |  |  |  |  |  |  |  |  |  |  |
| 33343.03   |    |  |  |  |  |  |  |  |  |  |  |
| 9 Verification Code 10 Dependent care benefits   |    |  |  |  |  |  |  |  |  |  |  |
| 0 141  |    |  |  |  |  |  |  |  |  |  |  |
| 11 Nonqualified plans 12a See instructions for box 12  |    |  |  |  |  |  |  |  |  |  |  |
| 280  |    |  |  |  |  |  |  |  |  |  |  |
| EE   8763  |    |  |  |  |  |  |  |  |  |  |  |
| 14 Other 12b   702   |    |  |  |  |  |  |  |  |  |  |  |
| 12c   250  |    |  |  |  |  |  |  |  |  |  |  |
| 12d   920  |    |  |  |  |  |  |  |  |  |  |  |
| 13 Stat emp. Ret. Plan 3rd party sick pay 0 x  |    |  |  |  |  |  |  |  |  |  |  |
| e/f Employees name, address and ZIP code   | _  |  |  |  |  |  |  |  |  |  |  |
| an Employees hame, address and Em oode   |    |  |  |  |  |  |  |  |  |  |  |
| Heather Martin   |    |  |  |  |  |  |  |  |  |  |  |
| 5443 Elizabeth Circles Suite 440   |    |  |  |  |  |  |  |  |  |  |  |
|  |    |  |  |  |  |  |  |  |  |  |  |
| North Lawrencemouth MA 84224-1143  |    |  |  |  |  |  |  |  |  |  |  |
|  |    |  |  |  |  |  |  |  |  |  |  |
| 0  |    |  |  |  |  |  |  |  |  |  |  |
| ·  |    |  |  |  |  |  |  |  |  |  |  |
| 0 15 State   Employers' state ID no 16 State wages, tips, etc. ME   37-80-263 21382.66   |    |  |  |  |  |  |  |  |  |  |  |
| 15 State   |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers' state   D no   16   State wages, tips, etc.   21382.66   |    |  |  |  |  |  |  |  |  |  |  |
| 15 State   |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers' state   D no   16   State wages, tips, etc.   21382.66   |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers' state   D no   16   State wages, tips, etc.   21382.66   |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers state ID no   16   State wages, tips, etc.   37-80-263     17   State income tax   1766. 35   18   Local wages, tips, etc.   34980. 56     19   Local income tax   20   Locality name   20   Locality name   20   Locality name   21   Locality name   22   Locality name   23   Locality name   24   Locality name   25   Locality name   26   Locality name   27   Locality name   28   Locality name   27   Locality name   28   Local |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers' state ID no   16   State wages, tips, etc.   21382.66         17   State income tax   1706.35  |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers' state ID no   16   State wages, tips, etc.   21382.66     17   State income tax  |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers' state ID no   16   State wages, tips, etc.   21382.66  |    |  |  |  |  |  |  |  |  |  |  |
| 15   State   Employers' state ID no   16   State wages, tips, etc.   21382.66     17   State income tax  |    |  |  |  |  |  |  |  |  |  |  |

| 3   Social security wages   4   Social security tax withheld   2750.17     5   Medicare wages and tips   6   Medicare tax withheld     1000 |                                   |  |  |  |  |  |  |  |
|---|-----------------------------------|--|--|--|--|--|--|--|
|   |                                   |  |  |  |  |  |  |  |
| 44934.56 1303.1   | 6 Medicare tax withheld<br>1303.1 |  |  |  |  |  |  |  |
| d Control number Dept. Corp. Employer use   | Corp. Employer use only           |  |  |  |  |  |  |  |
| 2666530 150 A   | 36                                |  |  |  |  |  |  |  |
| c Employer's name, address, and ZIP code  |                                   |  |  |  |  |  |  |  |
| Henderson and Sons Inc  |                                   |  |  |  |  |  |  |  |
| 7090 Lisa Wells Suite 509   |                                   |  |  |  |  |  |  |  |
| Phillipsborough AK 68310-2340   | AK 68310-2340                     |  |  |  |  |  |  |  |
| 0   |                                   |  |  |  |  |  |  |  |
| -   |                                   |  |  |  |  |  |  |  |
| b Employer's FED ID number a Employee's SSA number  |                                   |  |  |  |  |  |  |  |
| 23-1443063 0  |                                   |  |  |  |  |  |  |  |
| 7 Social security tips 8 Allocated tips   |                                   |  |  |  |  |  |  |  |
| 7 Social security tips 8 Allocated tips 44934.56  |                                   |  |  |  |  |  |  |  |
| 33343.30  |                                   |  |  |  |  |  |  |  |
| 9 Verification Code 10 Dependent care benefits  |                                   |  |  |  |  |  |  |  |
| 0 141   | 141                               |  |  |  |  |  |  |  |
| 11 Nonqualified plans 12a See instructions for box 12   |                                   |  |  |  |  |  |  |  |
| 280   |                                   |  |  |  |  |  |  |  |
| EE   8763   |                                   |  |  |  |  |  |  |  |
| 14 Other 12b   702  |                                   |  |  |  |  |  |  |  |
| 12c   250<br>12d   920  |                                   |  |  |  |  |  |  |  |
| 13 Stat emp. Ret. Plan 3rd party sick pay   |                                   |  |  |  |  |  |  |  |
| 0 x x   |                                   |  |  |  |  |  |  |  |
| e/f Employees name, address and ZIP code  |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
| Heather Martin  |                                   |  |  |  |  |  |  |  |
| 5443 Elizabeth Circles Suite 440  |                                   |  |  |  |  |  |  |  |
| North Lawrencemouth MA 84224-1143   |                                   |  |  |  |  |  |  |  |
| 0   |                                   |  |  |  |  |  |  |  |
| 15 State Employers' state ID no 16 State wages, tips, etc.  |                                   |  |  |  |  |  |  |  |
| ME 37-80-263 State wages, tips, etc.  |                                   |  |  |  |  |  |  |  |
| 21302.00  |                                   |  |  |  |  |  |  |  |
| 17 State income tax 18 Local wages, tips, etc.  |                                   |  |  |  |  |  |  |  |
| 1706.35 34980.56  |                                   |  |  |  |  |  |  |  |
| 19 Local income tax 20 Locality name  |                                   |  |  |  |  |  |  |  |
| 7642.27 Jason Springs   |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
| City or Local Filing Copy   |                                   |  |  |  |  |  |  |  |
| Wage and Tax  |                                   |  |  |  |  |  |  |  |
| W-2 Statement 2018  |                                   |  |  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |  |  |
| Copy 2 to be filed with employee's City or Local Income Tax Return OMB No. 1545-0008  |                                   |  |  |  |  |  |  |  |