Reference Employee Сору Wage and Statement W-2 2018 OMB No. 1545-0008 Employer use only pt. 150 Employer's name, address, and ZIP code Martin-Lee PLC 2709 Travis Lakes Whitefort #02021 Batch Employees name, address and ZIP code Connor Medina 6001 Sanders Plains Josephfurt NJ 33572-9369 Employee's SSA number 722-96-7683 Wages, tips, other comp. 180517.28 Federal income tax withheld 54879.51 6035.11 Social security tips 234167.98 Verification Code ndent care benefits 231 Nonqualified plans s for box 12 | 7259 | 456 | 320 Other Plan 3rd party sick p 0 0 ages, tips, etc. 90966.53 Employers' state ID n 076-52-728 Local wages, tips, etc. 205022.21 Caldwell Glen

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	253310.6	Social Security Tax Withheld Box 4 of W-2	17913.85	MD.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	5077.64 25823.91	
Fed. Income	54879.51	Medicare Tax	6035.11			
Tax Withheld Box 2 of W-2				SUVSDVFLI Box 14 of W-2		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Secu Wages Box 3 of W-	r Medicare Wages 2 Box 5 of W-2	MD.State Wages, Tips, Etc. Box 16 of W-2	Caldwell Glen Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	253310.64	3E+05	253310.6	253310.6	253310.6
Plus GTL (C-Box 12)	7259	7259	7259	7259	7259
Less 401(k) (D-Box 2)	456	N/A	N/A	456	N/A
Less Other Café 125	54879.51	54879.51	54879.51	54879.51	54879.51
Reported W-2 Wages	180517.28	180517.28	180517.28	180517.28	180517.28

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

Connor Medina 6001 Sanders Plains Whitefort WI 55196Social Security Number: 722-96-76
Taxable Marital Status: MARRIET
Exemptions/Allowances: FEDERAL: 4
STATE: 4

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1	Wages, tips, other con 180517.28	mp.	2 Federal income tax withheld 54879.51						
3	Social security wages		4	Social	eocurity :	tax withheld			
,	234167.98		•	Jociai	Security 1	17913.85			
5	Medicare wages and t	tips	6	6 Medicare tax withheld					
	208107.3					6035.11			
d	Control number	Dept.	Corp).		Employer use only			
	3114	150				A	36		
С	Employer's name, add		code						
	2709 Travis	Lakes							
	Whitefort	WI 5	519	6-27	12				
b	Employer's FED ID no 23-3804616	ımber	а	Emplo	yee's SS/	A number 0			
7	Social security tips 234167.98		8	Allocat	ed tips	208107.3			
9	Verification Code		10	Depen	dent care	e benefits			
	0					231			
11	Nonqualified plans		12a See instructions for box 12						
				FF	- 1	7259			
14	Other		12b			456			
			12c		I				
			12d						
			13 St	at emp. I	Ret. Plan 0	3rd party sick pay 0			
e/f	Connor Med 6001 Sander Josephfurt	lina		3357	/2-93 <i>6</i>	59			
15	State Employer	rs' state ID no.	16	State	wages, ti	ips, etc.			
	MD 76-52-7	128				90966.53			
17	State income tax		18	Local	wages, t	ine ata			
.,	5077.64		10	Local	жацев, I	205022.21			
19	Local income tax 25823.91		20	Local	ity name	Caldwell Glen			
	Federa	al	Fi	ling		Сору			
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v	V-2	Wage Stateme		IIu	Tax	2018			

1	Wages, tips, other comp. 180517.28			2 Federal income tax withheld 54879.51						
3	Social security v		4 Social security tax withheld							
					17913.85					
5	Medicare wages 208107.3		6 Med	icare tax wi	thheld 6035.11					
d	Control number	Dept.	Corp.		Employer use only					
	3114	150	Curp.		A	36				
c		e, address, and ZIP of	code	+						
		-Lee PLC								
	2709 1	Travis Lakes								
	White	fort WI	55196	-2712						
	0									
b	Employer's FED	ID number	a Emp	loyee's SS/	∆ number					
-	23-38046			,	0					
7	Social security t		8 Allo	cated tips						
	234167.9	18	1		208107.3					
9	Verification Cod	e	10 Dep	endent care	e benefits					
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	N		40- 0							
11	Nonqualified pl	ans	12a See	instruction	s for box 12					
	209		FF	1	7259					
14	Other		12b		456					
			12c		320					
			12d	p. Ret. Plan	7 65 3rd party sick pay					
			13 Stat em	p. Ret. Plan 0	o O					
e/f	Employees nam	e, address and ZIP c			· · · ·					
	Connor									
	6001 8	Sanders Plain								
	Joseph	nfurt NJ	3	3572-9	369					
	0									
15	State	Employers' state ID no	16 5	to wager 4	ine oto					
13		Employers' state ID no	110 Sta	ie wayes, t	ps, etc. 90966.53					
17	State income to	ax	18 Loc	cal wages, t						
	5077.64		1		205022.21					
19	Local income t	ax	20 Loc	ality name						
-	25823.91				Caldwell Glen					
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1	Wages, tips, other comp 180517.28		2 Federal income tax withheld 54879.51					
3	Social security wages 234167.98		4 Social security tax withheld 17913.85					
5	Medicare wages and tipe 208107.3	3	6 Medicare tax withheld 6035.11					
d 923	Control number 3114	Dept. 150	Corp.		Employer use only	36		
c	Employer's name, addre		ode		^			
-	Martin-Lee	PLC						
	2709 Travi	s Lakes						
	Whitefort 0	WI	55196-	2712				
b	Employer's FED ID num	ber	a Emplo	yee's SSA	number			
	23-3804616		-		0			
7	Social security tips		8 Alloca	ted tips				
,	234167.98		o Alloca	ted tips	208107.3			
9	Verification Code 0		10 Depe	10 Dependent care benefits 231				
11	Nonqualified plans		12a See ii	nstructions	s for box 12			
	169							
14	Other		12b		7259 456			
14	Other				320			
					765			
			13 Stat emp. 0	Ret. Plan 0	3rd party sick pay 0			
e/f	Employees name, addre	ss and ZIP c	ode					
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					260			
	Josephfurt 0	NJ	33	3572-9	369			
15	State Employe MD 76-52-	rs' state ID no	16 State	wages, ti	ps, etc. 90966.53			
17	State income tax		18 Loca	l wages, ti				
	5077.64				205022.21			
19	Local income tax 25823.91		20 Loca	lity name	Caldwell Glen			
	City or L	ocal	Filing		Сору			
1	- 7	Wage	and	Tax	-17			
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	y 2 to be filed with employe	e's City or I ~	al Income T	av Return				
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