		Employe	•	Dof.	erenc			Conv	
		Employe						Сору	
			Wage		and	Tax			
W-2 Statement							_	2018	
Сор	y C for employ	ee's records	3.				OM	B No. 1545-0008	
d	Control num	ber	Dept.	Cor	р.		_	Employer use only	
841	1116		150				Α		36
С	Employer's i	name, addr	ess, and ZII	P code	•				
		son PLO							
	463 G	len Mea	adows						
1			тъ	340	68-992	Ω			
	0	Je chiani	116	ın	340	00 332	-0		
				Ва	atch			#02021	
e/f	Employees i	namo addr	ose and 7ID	codo					
6/1	Lilipioyees	name, auu	ess and Zir	code					
		fer Ga							
			Passag						
ì	New Ar		MN	538	65-9	580			
	0								
b	Employer's		nber	а	Emple	oyee's SS/			
	65-10240	007					050	-11-4268	
1	Wages, tips,	other com	n.	2	Feder	al income	tax w	vithheld	
ľ	190097.0		-	-				52.07	
3	Social secur			4	Casia	I security		inhald.	
3	234189.8			•	Socia	Security		15.52	
5	Medicare wa	iges and tip	os	6	Medic	are tax wi	thhele	d	
	186972.6	53					542	2.21	
7	Social secur	ity tine		8	Alloca	ited tips			
	234189.8			ľ	7.11000	itou tipo	186	972.63	
9	Verification (-	B			-P1-	
9	verification (Code		10	Depe	ndent care	e ben 289		
11	Nonqualified 191	d plans		12a	See i	nstruction	s for	box 12	
	191				p		142	9	
14	Other			12t		i			
				120			522		
				120		Ret. Plan		arty sick pay	
				100	×	0	Jiu p	x	
15	State		state ID no.	16	State	wages, ti			
	HI	517-75-2	258				878	91.72	
17	State incon	ne tax		18	Loca	ıl wages, t	ips, e	tc.	
	8014.25							399.2	
19	Local incom	no tav		20	Loca	lity name			
19	9 Local income tax			20	LUCE	mry name	Dana	nda Cour	

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	240564.7	Social Security Tax Withheld Box 4 of W-2	17915.52	HI.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	8014.25 32484.19
Fed. Income	32552.07	Medicare Tax	5422.21		
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 Secur Medicare		HI.State Wages,	Brenda Spur	
	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	240564.67	2E+05	240564.7	240564.7	240564.7	
Plus GTL (C-Box 12)	1429	1429	1429	1429	1429	
Less 401(k) (D-Box 2) Less Other Café 125	822 32552.07	N/A 32552.07	N/A 32552.07	822 32552.07	N/A 32552.07	
Reported W-2 Wages	190097.08	190097.08	190097.08	190097.08	190097.08	

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

Jennifer Garcia 33004 Terri Passage Elizabethshire IA 34 Social Security Number: 050-11-421
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4
LOCAL:

© 2018 ADP, LLC

1	Wages, tips, other	2 Fede	ral income	tax withheld 32552.07			
3	Social security was	4 Soci					
•	234189.8	100	- 3001	a. security	17915.52		
5	Medicare wages an	d tine	6 Medi	care tax wi			
,	186972.63	u ups	o Medi	care tax wi	tnneia 5422.21		
_							
i	Control number	Dept.	Corp.		Employer use only		
	.1116	150	L.,	ļ	A 36		
•	Employer's name,		code				
	463 Glen						
	Elizabeth	shire I	:A 340	068-992	28		
	0						
0	Employer's FED ID	number	a Emp	loyee's SS/	A number		
	65-1024007		1		0		
7	Social security tips		8 Alloc	ated tips			
	234189.8		1		186972.63		
a	Verification Code		40 D:	endent care	- banafita		
,	Verification Code		iu Dep	endent care	e benefits 289		
	U				203		
11	Nonqualified plans		12a See	instruction	s for box 12		
	191		000				
			P	1	1429		
14	Other		12b		822		
			12c	- 1	522		
			12d	i	267		
			13 Stat em	. Ret. Plan	3rd party sick pay		
			×	0	×		
e/f	Employees name, a	address and ZIP	code				
	Jennifer	Garcia					
	33004 Ter	ri Passage	4				
	New Andre	w MN 5	3865-	9580			
	new Andre	1414	,5005 .				
	U						
15	State Emplo	vers' state ID no.	16 Sta	te wages, ti	ips. etc.		
-	HI 17-75		- 5.0		87891.72		
	1	-	1		*		
17	State income tax		18 Loc	al wages, t	ips, etc.		
	8014.25		1		143399.2		
			20 Loc	ality name			
19	Local income tax		20 LOC				
19	Local income tax 32484.19		20 LOC		Brenda Spur		
19	32484.19						
19		eral	Filing		Copy		
19	32484.19		Filing	Tax			
19	32484.19	Wage	Filing and	Tax	Сору		
19 V	32484.19		Filing and	Tax	Сору		
V	32484.19	Wage Stateme	Filing and nt				

ı	Wages, tips, other comp. 190097.08	2 Federal income tax withheld 32552.07						
3	Social security wages	4 Social security tax withheld						
5	Medicare wages and tips	6 Medicare tax withheld						
	186972.63	5422.21						
d	Control number Dept.	Corp. Employer use only						
	1116 150							
С	Employer's name, address, and 2 Robinson PLC Inc							
	463 Glen Meadow							
	Elizabethshire	IA 34068-9928						
		To Francisco Control C						
b	Employer's FED ID number 65-1024007	a Employee's SSA number						
	05 1024007	, and the second						
7	Social security tips	8 Allocated tips						
	234189.8	186972.63						
9	Verification Code	10 Dependent care benefits						
	0	289						
11	Nonqualified plans	12a See instructions for box 12						
	191							
14	Other	P 1429 12b 822						
	-	120 822 12c 522						
		12d 267						
		13 Stat emp. Ret. Plan 3rd party sick pay						
e/f	Employees name, address and Z							
	Jennifer Garcia							
	33004 Terri Pas	sage						
	New Andrew M	N 53865-9580						
	0							
15	State Employers' state I	D no 16 State wages, tips, etc.						
	HI 17-75-258	87891.72						
17	State income tax	18 Local wages, tips, etc.						
	8014.25	143399.2						
19	Local income tax	20 Locality name						
	32484.19	Brenda Spur						
	HI.State	Filing Copy						
	Wa	ge and Tax						
		mont						
١,	V a State							
۷	V-2	2018						

1	Wages, tips, other comp. 190097.08	2 Federal income tax withheld 32552.07					
3	Social security wages 234189.8	4 Social security tax withheld 17915.52					
_							
5	Medicare wages and tips 186972.63	6 Medicare tax withheld 5422.21					
d	Control number Dept.	Corp. Employer use only					
841	1116 150	A 36					
	Employer's name, address, and ZIP						
	Robinson PLC Inc						
	463 Glen Meadows						
	Elizabethshire	TA 34068-9928					
	0	111 31000 3320					
	0						
b	Employer's FED ID number	a Employee's SSA number					
	65-1024007	0					
	65-1024007	0					
7	Social security tips	8 Allocated tips					
1	234189.8	186972.63					
	234109.0	100972.03					
9	Verification Code	10 Dependent care benefits					
	0	289					
	•	203					
11	Nonqualified plans	12a See instructions for box 12					
	191	12d GGG HISH GGHONG TOF BOX 12					
		P 1429					
14	Other	12b 822					
		12c 522					
		12d 267					
		13 Stat emp. Ret. Plan 3rd party sick pay					
		x 0 x					
e/f	Employees name, address and ZIP						
	an Employees hame, address and En code						
	Jennifer Garcia						
	33004 Terri Passa	ige					
	New Andrew MN	53865-9580					
	0	55005 5500					
	U						
15	State Employers' state ID r	o 16 State wages, tips, etc.					
15	HI 17-75-258	87891 . 72					
	HI 17-75-258	87891.72					
17	State income tax	18 Local wages, tips, etc.					
.,	8014.25	143399.2					
	0014.25	143333.1					
19	Local income tax	20 Locality name					
	32484.19	Brenda Spur					
	32404.23	Dienas opai					
	City or Local	Filing Copy					
		and Tax					
	a "						
W	/-2 Statem	^{lent} 2018					
	_	-4.4					
Cop	Copy 2 to be filed with employee's City or Local Income Tax Return OMB No. 1545-0008						