		Employe	е	Refe	erenc	е	(Сору			Т
			Wage	á	and	Tax					
١.	V-2		Statemer	nt			2	018			
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Copy C for employee's records.							OMB	No. 1545-0	800		
d Control number Dept.					D.			r use only		_	
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	U										
b	Employer's		nber	а	Emplo	yee's SS					_
	50-4329	817					601-	33-1679			
1	Wages, tips	other com	p.	2	Feder	al incom	e tax wi	thheld			_
	204711.	04					4899	5.68			
3	Social secur	rity wages		4	Social	security	tax wit	hheld			_
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11	Nonqualifie 236	a pians		12a	See II	istructio	ns for D	OX 12			
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15	State	Facatan	state ID no.	40	×	0	dina ci	0			
15	State	Employers 009-91-2		16	State	wages,		C. 085.41			
17	State incor	ne tax		18	Loca	l wages,		c. 50.88			
1	0304.54						1022	.50.88			
19	Local inco			20	Loca	lity name					_
38336.29			Weaver Cliff								

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	267280.6	Social Security Tax Withheld Box 4 of W-2	13573.84	MN.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	8384.54 38336.29
Fed. Income	48995.68	Medicare Tax	5211.3		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SU/SD/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	r Medicare	MN.State Wages,	Weaver Cliff
	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages 2 Box 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	267280.56	3E+05	267280.6	267280.6	267280.6
Plus GTL (C-Box 12)	8788	8788	8788	8788	8788
Less 401(k) (D-Box 2) Less Other Café 125	243 48995.68	N/A 48995.68	N/A 48995.68	243 48995.68	N/A 48995.68
Reported W-2 Wages	204711.04	204711.04	204711.04	204711.04	204711.04

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

Stephanie Dixon 508 Herman Fords Apt. 428 Valenciaport VA 26302-24

2 Federal income tax withheld

Social Security Number: 601-33-167
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

© 2018 ADP, LLC

1 Wages, tips, other comp.

5	Medicare wages and to 179700.06		6 Medic	5211.3					
d	Control number	Dept.	Corp.		Employer use or	nly			
412	7737	150			A	36			
С	Ortiz Inc L 441 Shannon Valenciapor	LC Turnpik	e	2					
b	Employer's FED ID nu 50-4329817	mber	a Emplo	yee's SS/	A number 0				
7	Social security tips 177435.77		8 Alloca	ted tips	179700.06				
9	Verification Code 0		10 Depe	ndent care	benefits 112				
11	Nonqualified plans 236		12a See instructions for box 12 C 8788						
14	Other		12b		243				
			12c		674				
			12d	D. I. Direct					
			13 Stat emp.	Ret. Plan 0	3rd party sick pay 0				
	Stephanie D 508 Herman New Allison	Fords Ap	t. 428 30362-	8514					
15		s' state ID no.	16 State	wages, ti	ips, etc. 104985.41				
	State Employer MN 09-91-2				104985.41				
15	State Employer			wages, ti	104985.41				
	State Employer 09-91-2 State income tax		18 Loca		104985.41 ips, etc.				

^	204711.04				48995.68		
3	Social security wa	4 Social security tax withheld					
	177435.77	13573.84					
5	Medicare wages a	6 Medicare tax withheld					
	179700.06				5211.3		
d	Control number	Dept.	Corp.		Employer use only		
	7737	150			A	36	
С		address, and ZIP of	ode				
	Ortiz I	nc LLC					
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		aport VA 2		122			
	varenci	aport va z	3302-24	122			
	U						
b	Employer's FED II	numbor	a Emplo	woo'e \$\$	A number		
b	50-432981		a Lilipid	Jyee a Jul	0		
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7	Social security tip:	5	8 Alloca	ted tips			
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9	Verification Code		10 Depe	ndent care	benefits 112		
	U				112		
11	Nonqualified plan	s	12a See ii	nstruction	s for box 12		
	236						
			С		8788		
14	Other		12b		243		
			12c		674		
			12d	- 1	632		
			40.00	Det Blee			
				Ret. Plan	3rd party sick pay		
e/f	Employees name.	address and ZIP or	×	Ret. Plan 0			
e/f	Employees name,	address and ZIP co	×		3rd party sick pay		
e/f			×		3rd party sick pay		
e/f	Stephan	ie Dixon	x	0	3rd party sick pay		
e/f	Stephan 508 Her	ie Dixon man Fords A	x ode Apt. 42	0	3rd party sick pay		
e/f	Stephan 508 Her New All	ie Dixon	x ode Apt. 42	0	3rd party sick pay		
e/f	Stephan 508 Her	ie Dixon man Fords A	x ode Apt. 42	0	3rd party sick pay		
	Stephan 508 Her New All	ie Dixon man Fords A ison WI	x ode Apt. 42 30362	0 28 2-8514	3rd party sick pay 0		
	Stephan 508 Her New All 0	ie Dixon man Fords A ison WI mployers' state ID no	x ode Apt. 42 30362	0 28 2-8514	3rd party sick pay 0 0 ps, etc.		
	Stephan 508 Her New All 0	ie Dixon man Fords A ison WI	x ode Apt. 42 30362	0 28 2-8514	3rd party sick pay 0		
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15	Stephan 508 Her New All 0 State MN 0: State income tax 8384.54 Local income tax	ie Dixon man Fords A ison WI nployers' state ID no -91-258	x ode Apt. 42 30362 16 State	0 28 2-8514 e wages, ti	Jack party sick pay 0 0 ps, etc. 104985 . 41 ps, etc. 162250 . 88		
15	Stephan 508 Her New All 0 State MN 09 State income tax 8384.54	ie Dixon man Fords A ison WI nployers' state ID no -91-258	x ode Apt. 42 30362 16 State	0 28 2-8514 9 wages, ti	and party sick pay 0 0 ps. etc. 104985.41 ps. etc.		
15	Stephan 508 Her New All 0 State E MN 00 State income tax 8384.54 Local income tax 38336.29	ie Dixon man Fords 1 ison WI nployers' state ID no	x ode Apt. 42 30362 16 State 18 Loca 20 Loca	0 28 2-8514 9 wages, ti	Jad party sick pay O Des. etc. 104983.41 ps. etc. 162250.88 Weaver Cliff		
15	Stephan 508 Her New All 0 State E MN 00 State income tax 8384.54 Local income tax 38336.29	ie Dixon man Fords # ison WI ployers' state ID no 3-91-258	Apt. 42 30362 16 State 18 Loca Filing	0 28 2-8514 e wages, ti	Jack party sick pay 0 0 ps, etc. 104985 . 41 ps, etc. 162250 . 88		
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15 17	Stephan 508 Her New All 0 State MN 61 State income tax 8384.54 Local income tax 38336.29	ie Dixon man Fords # ison WI ployers' state ID no 3-91-258	20 Loca Filling and	0 28 2-8514 e wages, ti	DB, etc. 104985.41 DB, etc. 162250.88 Weaver Cliff Copy		
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1 V	1 Wages, tips, other comp. 204711.04			2 Federal income tax withheld 48995.68						
3 S	Social security wages 177435.77			4 Social security tax withheld 13573.84						
5 N	Medicare wages and tips			6 Medicare tax withheld						
	179700.0						5211.	3		
d C	ontrol number		Dept.	Corp	. 1			Employer use only	,	
41277	737		150				Α		36	
c E	mployer's nam	e, address	, and ZIP c	ode						
		Inc LI								
	441 Shannon Turnpike									
	Valenc	ciaport	VA 26	6302-2422						
	0									
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b E	mployer's FED 50-43298			a I	Emplo	yee's SSA	A numbi	er		
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11 P	Nonqualified pla	ans		12a See instructions for box 12						
	236				с		8788			
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	508 He	rman F	ords A	Apt. 428						
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15 5	State	Employers*	state ID no	16	State	wages, ti	ps. etc.			
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L_				L						
17	State income ta 8384.54	ЭX		18	Loca	l wages, t	ips, etc. 16225			
	0384.54						10225	0.00		
19	Local income to			20	Loca	lity name				
	38336.29						Weave	r Cliff		
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	O.	., 0. 200	Wage		nd	Tax	_			
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