		Employe	^	Dof	erenc	^		Conv		
		Employe						Сору		
			Wage		and	Tax				
V	V-2		Statemen	nt			2	2018		
-							_	3 No. 1545-000		
	y C for employ						OME			
d	Control numl	ber	Dept. 150	Cor	p.		Α	Employer u	se only	36
278	3299		150				А			36
С	Employer's i	name, addr	ess. and ZIP	code	•					
		Group								
		-	roughwa							
	Coreys		-	_	31-6	720				
	Corey	surre	WAY (24.	31-0	139				
	Ü									
				В	atch		3	#02021		
e/f	Employees i	name, addr	ess and ZIP	code						
	Rachel	l Wils	son							
	48996	Justin	Burg :	Sui	te 3	92				
ı	New Da	anshire	e ID		5796	6-541	0			
	0									
b	Employer's I		nber	а	Emplo	oyee's SS		nber -07-8131		
	53-93075	989					/35	-07-8131		
1	Wages, tips,		p.	2	Feder	al income				
	146753.5	53					462	22.86		
3	Social secur	eonew vti		4	Social	security	tay wi	thheld		
ľ	179883.9			1	000.0			61.12		
				4						
5	Medicare wa	iges and tip	os	6	Medic	are tax w	ithheld	d .		
	149811.7	7					434	4.54		
7	Social secur	ite dina		8	Allega	ted tips				
′	179883.9			°	Alloca	iteu tips	149	811.7		
9	Verification (Code		10	Depe	ndent car	e bene			
	0						261			
11	Nonqualifie	d plans		12a	See ii	nstruction	ns for I	box 12		
	253									
14	Other			12t	т		352			
14	Other			120			249 535			
				120			1 440			
				13 5		Ret. Plan	3rd po	arty sick pay		
15	State	F1	state ID no.	16	0 Ctote	0 wages, 1		0		
15	IN	608-74-8		16	State	wages,		rc. 78.7		
17	State incon	ne tax		18	Loca	l wages,				
	8135.77						140	755.02		
19	Local incor	ne tax		20	Loca	litv name				
1	04412.00			1						

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	206737.5	Social Security Tax Withheld Box 4 of W-2	13761.12	IN.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	8135.77 24413.95
Fed. Income	46222.86	Medicare Tax	4344.54		
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	IN.State Wages,	Casey Union
	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	206737.51	2E+05	206737.5	206737.5	206737.5
Plus GTL (C-Box 12)	3522	3522	3522	3522	3522
Less 401(k) (D-Box 2) Less Other Café 125	249 46222.86	N/A 46222.86	N/A 46222.86	249 46222.86	N/A 46222.86
Reported W-2 Wages	146753.53	146753.53	146753.53	146753.53	146753.53

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.

Rachel Wilson	Social Security Number: Taxable Marital Status:				
Racher Wilson		Exemptions/Allowances:			
48996 Justin Burg	Suite 392	FEDERAL: 4			
		STATE: 4			
Coreyshire WA	82431-	LOCAL:			
-					

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1	Wages, tips, other comp. 146753.53	2 Federal income tax withheld 46222.86
3	Social security wages	4 Social security tax withheld
	179883.97	13761.12
5	Medicare wages and tips	6 Medicare tax withheld
	149811.7	4344.54
d	Control number Dept.	Corp. Employer use only
278	3299 150	A 36
С	Employer's name, address, and	ZIP code
	Jones Group Inc	
	927 Scott Through	nway
	-	-
	Coreyshire WA	82431-6739
b	Employer's FED ID number	a Employee's SSA number
	53-9307989	0
_	01-1	O Allered Affect
7	Social security tips	8 Allocated tips 149811.7
	2.2003.31	145011./
9	Verification Code	10 Dependent care benefits
	0	261
	N	40-0-1-4-4-40
11	Nonqualified plans 253	12a See instructions for box 12
	255	т 3522
14	Other	12b 249
		12c 535
		12d 440
		13 Stat emp. Ret. Plan 3rd party sick pay
-15	Employees name, address and 2	0 0 0
e/i	Employees name, address and 2	ZIF Code
	Rachel Wilson	
		a :
	48996 Justin Burg	
		ID 57966-5410
	0	
15	State Employers' state ID n	no. 16 State wages, tips, etc.
	IN 08-74-887	71378.7
17	State income tax	18 Local wages, tips, etc.
	8135.77	140755.02
19	Local income tax	20 Locality name
	24413.95	Casey Union
	Federal	Filing Copy
	Wag	.,
		,
	a	ment a.a.a.
٧	V-2 Stater	ment 2018

1	Wages, tips, other comp.		2 Fede	ral income	tax withheld				
Ι.	146753.53			4 6222 . 8 6					
3				4 Social security tax withheld					
	179883.97			13761.12					
5				care tax w					
	149811.7				4344.54				
d	Control number	Dept.	Corp.		Employer use only				
278	299	150			A	36			
С	Employer's name, address		ode						
	Jones Group Inc								
	927 Scott Th	rough	way						
	Coreyshire	WA	82431	-6739					
	0								
Ш									
b	Employer's FED ID number	r	a Emp	loyee's SS					
	53-9307989				0				
7	Social security tips		8 Alloc	ated tips					
	179883.97				149811.7				
L									
9	Verification Code		10 Dep	endent car	e benefits				
	U				201				
11	Nonqualified plans		12a See	instruction	is for box 12				
	253								
14	Other				3522 249				
14	Other				535				
					440				
				Ret. Plan	3rd party sick pay				
L.			. 0	0	0				
e/f	Employees name, address	and ZIP co	ode						
	Rachel Wils	on							
			Q4	202					
	48996 Justin	-							
	New Danshire	e II	57	966-54	10				
	0								
15	State Employers	state ID no	16 Star	te wages, t	ins. etc.				
"	IN 08-74-86		010		71378.7				
L									
17	State income tax 8135.77		18 Loc	al wages,	tips, etc. 140755.02				
	8133.//				140/33.02				
19	Local income tax		20 Loc	ality name					
	24413.95				Casey Union				
H					_				
	IN.State		Filing		Сору				
		Wage	and Tax						
۱۸	V-2	Stateme	ent		2018				
Сор	opy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008								

1	146753.53				46222.86	
3	Social security wages		4 Socia	I security t	ax withheld	
	179883.97				13761.12	
5	Medicare wages and tips		6 Medio	are tax wit		
	149811.7				4344.54	
	Control number	Dept.	Corp.		Employer use only	
	299	150	ļ.,		A	36
С	Employer's name, addres		code			
	Jones Group	Inc				
	927 Scott T	hroughv	way			
	Coreyshire	WA	82431	-6739		
	0					
b	Employer's FED ID numb	ər	a Empl	oyee's SSA	number	
	53-9307989				0	
-	0					
7	Social security tips 179883.97		8 Alloca	itea tips	149811.7	
	1/9003.97				149011.7	
9	Verification Code		10 Depe	ndent care	benefits	
	0				261	
11	N		40- 0		s for box 12	
11	Nonqualified plans 253		12a See I	nstruction	S for DOX 12	
	255		T	1	3522	
14	Other		12b		249	
			12c		535	
			12d		440	
			13 Stat emp 0	Ret. Plan 0	3rd party sick pay 0	
ο/f	Employees name, addres	s and ZIP co			U	
	Rachel Wil	son				
	48996 Justi	n Bura	Suita	302		
				966-54		
	New Danshir	e II	5/	966-54.	10	
	0					
15	State Employer	s' state ID no	16 Stat	wages, ti	ns. etc.	
1.0	IN 08-74-8				71378.7	
17	State income tax		18 Loca	ıl wages, ti		
	8135.77				140755.02	
19	Local income tax		20 Loca	lity name		
	24413.95				Casey Union	
1	City or Lo				Сору	
1		Wage	and	Tax		
10		Stateme			2040	
V۱	/-2				2018	
Cop	y 2 to be filed with employee	s City or Loc	cal Income	Tax Return	OMB No. 1545-0008	
	1 - 7	•				

2 Federal income tax withheld