		Employe	e l	Ref	erenc	е		Сору	
			Wage		and	Tax			
٠.			Statemen	ıt			_	040	
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				В	atch			#02021	
e/f	Employees i	name, addr	ess and ZIP	code					
	Randy	Call	noun						
	310 Da	anielle	e Circle	s					
	Williamtown OK				205	75-23	39		
	0								
b	Employer's	CED ID		а	Emal	oyee's SS	A		
D	92-41222		libei	d	Empi	uyee s ss		-08-6995	
1	Wages, tips, 220511.2		p.	2	Feder	al income		ithheld 93.7	
	220511.2	28					635	93.7	
3	Social secur			4	Socia	l security			
	245653.7	79					187	92.51	
5	Medicare wa	41:		6	Madia	are tax w	:44 h a l a		
3	156264.2		J5	٥	medic	are tax w		1.66	
	150204.1	-						1.00	
7	Social secur			8	Alloca	ated tips			
	245653.7	79					156	264.2	
9	Verification (Code		10	Depe	ndent car	e bene	efits	
	0						199		
11	Nonqualifie	d plans		12a	See i	nstruction	ns for I	nox 12	
	248								
14	Other			12t	J		508	3	
14	Other			120			939		
				120			220		
				13 S		Ret. Plan	3rd p	arty sick pay	
15	State	Employers	state ID no.	16	X State	x e wages, t	line of	0	
13	SC	332-33-4		10	Jian	e wayes,		610.23	
				L					
17	State incon			18	Loca	al wages,		tc. 580.56	
	11987.02						231	360.36	
19	Local incor			20	Loca	ality name			
	41873.89			1			Bri	an Mission	

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	302897.5	Social Security Tax Withheld Box 4 of W-2	18792.51	SC.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	11987.62 41873.89
Fed. Income	63593.7	Medicare Tax	4531.66		
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 Secu	r Medicare	SC.State Wages,	Brian Mission
	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	302897.49	3E+05	302897.5	302897.5	302897.5
Plus GTL (C-Box 12)	5083	5083	5083	5083	5083
Less 401(k) (D-Box 2)	939	N/A	N/A	939	N/A
Less Other Café 125	63593.7	63593.7	63593.7	63593.7	63593.7
Reported W-2 Wages	220511.28	220511.28	220511.28	220511.28	220511.28

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

Randy	Calhou	ın	
310 Dar	ielle C	Circl	.es
Jasonla	ind I	A	67148-

Social Security Nu Taxable Marital St		097-08-699 MARRIED
Exemptions/Allows	ances:	
FEDERAL:	4	
STATE:	4	
LOCAL:		

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1	Wages, tips, oth 220511.28	er comp.	2	Federal income tax withheld 63593.7 Social security tax withheld 18792.51 Medicare tax withheld 4531.66				
3	Social security w 245653.79	/ages	4					
5	Medicare wages 156264.2	and tips	6					
d	Control number	Dept.	Con	p.		Employer use only		
869	0494	150				A 3	6	
С		e, address, and ZIP Howard Ltd	code					
	1833 Rav	mond Street	: Sı	iite	230			
	Jasonlan	d IA 6	714	18-6	396			
b	Employer's FED	ID number	а	Emplo	yee's SS	A number		
	92-4122293					0		
7	Social security ti	ine		Alloca	ted tips			
	245653.79	p 5	ľ	7.11000	itou tipo	156264.2		
9	Verification Code	•	10	Depe	ndent car	e benefits 199		
	U					199		
11	Nonqualified plans 248		12a See instructions for box 12					
				J 5083				
14	Other		J 5083 12b 939					
			12c 916					
			12d			220		
			13 S			3rd party sick pay		
ρ/f	Employees name	e. address and ZIP	ode	x	×	0		
٠,,	Employees name	o, address and En	Jouc					
	Randy	Calhoun						
	310 Dani	elle Circle						
		own OK		205	75-22	20		
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	· ·							
15		ployers' state ID no.	16	State	wages, t			
	SC 32-	33-415				101610.23		
17	State income ta	ıx	18	Loca	l wages, t	ips. etc.		
	11987.62					237580.56		
19	Local income ta		20	1	lity name			
19	41873.89	ix.	20	LUCA	iity name	Brian Mission		
	Federal		Fi	ling		Сору		
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3 Social security wases 4 Social security tax withheld								
156264.2 4531.66 d Control number Dept. Corp. Employer use only								
	36							
Griffin-Howard Ltd								
1833 Raymond Street Suite 230								
Jasonland IA 67148-6396								
0								
b Employer's FED ID number a Employee's SSA number								
92-4122293 0								
7 Social security tips 8 Allocated tips 156264.2								
243053.79								
9 Verification Code 10 Dependent care benefits								
0 199	199							
11 Nonqualified plans 12a See instructions for box 12	12a See instructions for box 12							
248								
J 5083 14 Other 12b 1939								
12D 939 12C 916								
12d 220								
13 Stat emp. Ret. Plan 3rd party sick pay								
e/f Employees name, address and ZIP code								
eri Employees name, address and Eir Code								
Randy Calhoun								
310 Danielle Circles								
Williamtown OK 20575-2339	20575-2339							
0								
15 State Employers' state ID no 16 State wages, tips, etc.								
SC 32-33-415 101610.23								
17 State income tax 18 Local wages, tips, etc.								
11987.62 Local wages, tips, etc.								
19 Local income tax 20 Locality name								
41873.89 Brian Mission								
SC.State Filing Copy								
Wage and Tax	3							
Ctotomont								
W-2 Statement 2018								
Copy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008								

	s, tips, other comp. 220511.28		2 Federal income tax withheld 63593.7					
	Social security wages 245653.79			4 Social security tax withheld 18792.51				
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d Contro 8690494	ol number	Dept. 150	Corp.		Employer use only	36		
	yer's name, address		ode			30		
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9 Verific	cation Code 0		10 Dep	10 Dependent care benefits 199				
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			12d		220 3rd party sick pay			
			×	×	0			
e/f Emple	oyees name, address	and ZIP c	ode					
	Randy Call	noun						
	310 Danielle	e Circ	les					
	Williamtown 0	OK	2	0575-2	339			
15 State	Employers 32-33-41		16 Sta	te wages, ti	ips, etc. 101610.23			
	income tax 11987 . 62		18 Local wages, tips, etc. 237580.56					
	l income tax 41873.89		20 Loc	ality name	Brian Mission			
	City or Lo	cal	Filing		Сору			
		Wage	and	Tax				
W-2	Statement							
Copy 2 to b	e filed with employee's	City or Loc	al Income	Tax Return	OMB No. 1545-0008			