		Employe	e f	Refe	erenc	e		Сору		Ī
			Wage	a	and	Tax				
١,	V-2		Statemen	t			-	2018		
V	V-Z									
	y C for employ		i.				OMB No. 1545-0008			
	Control numl	ber	Dept. 150	Cor	p.			Employer use on	ly 36	Ī
983	35586		150				Α		36	
С	Employer's	name, addr	ess, and ZIP	code	,					
	Hanser	n, Hick	s and C	unı	ning	ham ar	nd S	ons		
	6943 I	Rich Ra	adial							
	Solomo	onfort	MS		5915	1-280	3			
	0									
				Ва	atch			#02021		
e/f	Employees i	name, addr	ess and ZIP of	ode						
	John	Ber	-							
		ore Sp								
		nderbu	су ОН	2	5568	-9421				
	0									
b	Employer's		nber	а	Emple	oyee's SS				_
	57-71009	30					490	-49-4529		
1	Wages, tips,		p.	2	Feder	al income				-
	133650.2	21					168	71.58		
3	Social secur	ity wages		4	Socia	I security	tax wi	thheld		-
ı	160357.7	4					122	67.37		
5	Medicare wa				Madia	are tax w	:444-01-			-
1	111266.0		15	٥	medic	die lax w		6.72		
							J.L.	0.72		
7	Social secur			8	Alloca	ited tips	111	266.07		
ı	100337.7	•					111	200.07		
9	Verification (Code		10	Depe	ndent car		efits		
	0						241			
11	Nonqualifie	plans		12a	See i	nstruction	ns for I	oox 12		Ī
	212				GG		411	0		
14	Other			12b			823			-
				12c			419			
				12d		Ret. Plan	3rd p	arty sick pay		-
					x	0		0		
15	State	Employers 421-03-6	state ID no.	16	State	wages, t		c. 81.63		
			,				,_,	01.03		
17	State incon	ne tax		18	Loca	il wages,		tc. 135.01		Ī
	5000.63			1			110	135.01		
19	Local incor			20	Loca	lity name				
	20087.15							hleen Manor		

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 162789.2 Social Security 12267.37 NY.State Income Tax 5688.63 Tax Withheld Box 17 of W-2	
Box 4 of W-2 Local Income Tax 20087.15	
Box 19 of W-2	
Fed. Income 16871.58 Medicare Tax 3226.72	
Tax Withheld Withheld SUVSDVFLI	
Box 2 of W-2 Box 6 of W-2 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	NY.State Wages,	Kathleen Manor
	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages Box 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	162789.16	2E+05	162789.2	162789.2	162789.2
Plus GTL (C-Box 12)	4110	4110	4110	4110	4110
Less 401(k) (D-Box 2) Less Other Café 125	823 16871.58	N/A 16871.58	N/A 16871.58	823 16871.58	N/A 16871.58
Reported W-2 Wages	133650.21	133650.21	133650.21	133650.21	133650.21

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

John Berry	Social Security Number: Taxable Marital Status:	490-49-45 MARRIED		
222 Moore Spring	Exemptions/Allowances: FEDERAL: 4 STATE: 4	_		
Solomonfort MS 591	LOCAL:			

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	Wages, tips, other com 133650.21	p.	2 Feder	al income	tax withheld 16871.58	
	Social security wages		4 Socia	Leocurity	ax withheld	
	160357.74		- Socia	occurry :	12267.37	
	Medicare wages and tip		6 Medic			
	111266.07	05	6 Medic	are tax wi	3226.72	
	Control number	Dept.	Corp.		Employer use of	nly
83	5586	150			A	36
	Employer's name, addr Hansen, Hick 6943 Rich Ra Solomonfort	s and C	unning	ham ar 1-2803		
ò	Employer's FED ID nur 57-7100930	nber	a Empl	oyee's SS	A number 0	
,	Social security tips 160357.74		8 Alloca	ted tips	111266.07	
9	Verification Code 0		10 Depe	ndent care	benefits 241	
11	Nonqualified plans 212				s for box 12	
14	Other		GG 12b		4110 823	
•						
•			12c		419	
•			12d		696	
/f	Employees name, addi	ess and ZIP o	12d 13 Stat emp.			
e/f	John Berr 222 Moore Sj Alexanderbu: 0	cy pring cy OH	12d 13 Stat emp. x code	Ret. Plan O	696 3rd party sick pay 0	
	John Berr 222 Moore Sp Alexanderbu	cy pring cy OH	12d 13 Stat emp. x code	Ret. Plan 0	696 3rd party sick pay 0	
15	John Berr 222 Moore Sj Alexanderbu: 0	cy pring cy OH	12d 13 Stat emp. x:code	Ret. Plan 0	696 3rd party sick pay 0 0 ps, etc. 71781.63	
15	John Ber: 222 Moore S Alexanderbu: 0 State Employers NY 21-03-62	cy pring cy OH	12d 13 Stat emp. x code	Ret. Plan 0	696 3rd party sick pay 0 ps, etc. 71781.63	
	John Ber: 222 Moore SJ Alexanderbu: 0 State Employers NY 21-03-62 State income tax 5688.63 Local income tax	oring cry OH 'state ID no.	12d 13 Stat emp. x 25568 16 State 18 Loca 20 Loca Filling and	Ret. Plan 0	696 3rd party sick pay 0 ps, etc. 71781.63 ps, etc. 110135.01	
15	John Ber: 222 Moore SI Alexanderbu: 0 State Employers NY 21-03-62 State income tax 20087.15	oring ry OH	12d 13 Stat emp. x 25568 16 State 18 Loca 20 Loca Filling and	Ret Plan 0	696. 3rd party sick pay 0 ps. etc. 71791.63 ps. etc. 110135.01	

1	Wages, tips, other		2 Feder	al income	tax withheld	
'	133650.2		2 redei	ai income	16871.58	
3	Social security w		4 Socia	security t	ax withheld 12267.37	
_						
5	Medicare wages 111266.0		6 Medic	are tax wit	hheld 3226.72	
	Control number	Dept. 150	Corp.		Employer use only	36
		e, address, and ZIP of	ode		A	36
		, Hicks and		orham :	and Sons	
		ich Radial	ouiii.	igiidiii (
	Solomo	nfort MS	50	51-28	13	
	3010110	nioit Ms	33.	.51-26	03	
	-					
b	Employer's FED	ID number	a Empl	yee's SSA	number	
	57-71009	30			0	
7	Social security ti	ne	8 Alloca	ted tips		
ľ	160357.7		o Alloca	iteu tipa	111266.07	
9	Verification Code	•	10 Depe	ndent care	benefits 241	
	U				241	
11		ins	12a See i	nstructions	s for box 12	
	212					
14	Other		GG 12b		4110 823	
	outer		12c		419	
			12d	i	696	
					3rd party sick pay	
-14	Empleyees nem	e. address and ZIP c	×	0	0	
e/i	Employees name	e, address and ZIF C	oue			
	John	Berry				
	222 Mo	ore Spring				
		derbury (DE 255	0-042	i	
	ATEXALI	derpury	JH 255	00-942.	L	
	•					
15		Employers' state ID no	16 State	wages, ti		
	NY	21-03-627			71781.63	
17	State income ta	x	18 Loca	l wages, ti	ps. etc.	
	5688.63				110135.01	
19			20 Loca			
19	Local income to 20087.15	ıx	20 Loca	lity name	Kathleen Manor	
	20007.15				AUCULEUI PAIIOI	
	1	NY.State	Filing		Copy	
		Wage	and	Tax	.17	
		Stateme			0040	
W	V-2	Otateme			2018	
Cop	y 2 to be filed with	employee's State Inco	me Tax Ret	ım	OMB No. 1545-0008	

1	Wages, tips, other		2	Federa	al income				
	133650.21		16871.58						
3	Social security w		4 Social security tax withheld						
	160357.74			12267.37 6 Medicare tax withheld					
5	Medicare wages		6	Medic	are tax wi				
	111266.07					3226	. 72		
d	Control number	Dept.	Corp				Employer use only		
983	5586	150				Α		36	
С	Employer's name	, address, and ZIP of	ode						
		, Hicks and		nnin	gham	and	Sons		
	6943 R	ich Radial							
	Solomo	nfort MS		591	51-28	0.3			
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b	Employer's FED	D number	а	Emplo	vee's SS/	numb	or		
-	57-710093		_	p.ic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0			
	37 72003.					•			
7	Social security tip	os	8 .	Alloca	ted tips				
	160357.74					1112	66.07		
9	Verification Code		10	Deper	ndent care		its		
	0					241			
			l						
11	Nonqualified plans		12a See instructions for box 12						
	212					4110			
14	Other		12b	GG		823			
	Other		12c 419						
			12d 696						
				at emp.	Ret. Plan		ty sick nav		
				×	0		0		
e/f	Employees name	, address and ZIP co	ode						
	John	Berry							
	222 4-	~							
		ore Spring							
	Alexan	derbury (OH 2	2556	8-942	1			
	0								
15		mployers' state ID no	16	State	wages, ti				
	NY 2	1-03-627				7178	1.63		
_			l						
17	State income tax			Loca	l wages, t				
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19	Local income ta		20	Loca	lity name				
19	Local income tax 20087.15		20	LUCA	iity name		leen Manor		
	23087.13					ALG CIT	Teen multipl		
	Cit	y or Local	Fil	ina			Сору		
	Cit	Wage			Tox		, opy		
				nu	Tax				
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Cop	y 2 to be filed with e	mployee's City or Loc	al Inc	ome T	ax Return	OMB	No. 1545-0008		