| | | Employe | e l | Refe | erenc | е | | Сору | | |
|-----|-------------------------|-----------------------|--------------|------|--------|------------|---------------|-----------------|----|--|
| ı | | | Wage | á | and | Tax | | | | |
| ١. | V-2 | | Statemen | ıt | | | | 2018 | | |
| V | V-Z | | | | | | | | | |
| Cop | y C for employ | ee's record: | i. | | | | OME | 3 No. 1545-0008 | | |
| | Control num | ber | Dept. | Con | D. | | | Employer use on | | |
| 429 | 99094 | | 150 | | | | Α | | 36 | |
| С | Employer's i | name, addı | ess, and ZIP | code | | | | | | |
| ı | Hester | -Steve | ens Inc | | | | | | | |
| ı | 061 Sa | abrina | Trace | | | | | | | |
| ı | Martin | nland | KY | 924 | 177- | 8111 | | | | |
| ı | 0 | | | | | | | | | |
| ı | | | | | | | | | | |
| | | | | Ra | itch | | | #02021 | | |
| | | | | | | | | .0202. | | |
| e/f | Employees i | name, addr | ess and ZIP | code | | | | | | |
| ı | | | | | | | | | | |
| ı | Lisa | Reed | | | | | | | | |
| ı | 42939 | Ayers | Forest | | | | | | | |
| ı | | Kurtto | n IA | 1 | 486 | 66-68 | 13 | | | |
| ı | 0 | | | | | | | | | |
| b | Employer's | | nber | а | Emple | oyee's SS | | | | |
| ı | 98-31787 | 146 | | | | | 279 | -66-4875 | | |
| 1 | Wages, tips, | other com | p. | 2 | Feder | al income | tax w | ithheld | | |
| | 113302.5 | 52 | | | | | 255 | 96.32 | | |
| 3 | Social secur | itv wages | | 4 | Socia | I security | tax wi | thheld | | |
| ı | 137337.0 |) | | | | | 105 | 06.28 | | |
| - | | | | | | | | | | |
| 5 | Medicare wa 97675.33 | | os | 6 | meaic | are tax w | | 2.58 | | |
| | | | | | | | 203 | 2.56 | | |
| 7 | Social secur | | | 8 | Alloca | ited tips | 07.0 | 75.33 | | |
| | 13/33/.0 | , | | | | | 976 | /5.33 | | |
| 9 | Verification (| Code | | 10 | Depe | ndent car | | efits | | |
| | 0 | | | | | | 137 | | | |
| 11 | Nonqualifie | plans | | 12a | See i | nstruction | ns for b | oox 12 | | |
| | 231 | | | | J | | 721 | | | |
| 14 | Other | | | 12b | | | 927 | | | |
| | | | | 12c | | | 274 | | | |
| | | | | 12d | | Ret. Plan | 398 3rd pa | arty sick pay | | |
| | | | | | 0 | × | | 0 | | |
| 15 | State NC | Employers 031-15-7 | state ID no. | 16 | State | wages, | | c. 33.26 | | |
| | | | 113 | | | | 256. | 33.20 | | |
| 17 | State incon | ne tax | | 18 | Loca | l wages, | | | | |
| | 2061.66 | | | | | | 127 | 203.76 | | |
| 19 | Local incor | | | 20 | Loca | lity name | | | | |
| 1 | 18999.44 | | | 1 | | | Hen: | rv Crossroad | | |

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 | 149405.1 | Social Security Tax Withheld Box 4 of W-2 | 10506.28 | NC.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2 | 2061.66 18999.44 |
|------------------------------|----------|---|----------|---|---------------------|
| Fed. Income | 25596.32 | Medicare Tax | 2832.58 | | |
| Tax Withheld Box 2 of W-2 | | Withheld Box 6 of W-2 | | SU/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 | NC.State Wages, | Henry Crossroad |
|--|--------------------|-----------------|-----------------|-----------------|----------------------------|
| | Compensation | Wages | Wages | Tips, Etc. | Local Wages, |
| | Box 1 of W-2 | Box 3 of W-2 | ! Box 5 of W-2 | Box 16 of W-2 | Tips, Etc. Box 18 of W2 |
| Gross Pay | 149405.12 | 1E+05 | 149405.1 | 149405.1 | 149405.1 |
| Plus GTL (C-Box 12) | 7214 | 7214 | 7214 | 7214 | 7214 |
| Less 401(k) (D-Box 2) Less Other Café 125 | 927 25596.32 | N/A 25596.32 | N/A 25596.32 | 927 25596.32 | N/A 25596.32 |
| Reported W-2 Wages | 113302.52 | 113302.52 | 113302.52 | 113302.52 | 113302.52 |

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

| Lisa Reed | Social Security Number: Taxable Marital Status: | | |
|---------------------|--|---|--|
| 1150 Need | Exemptions/Allowances: | | |
| 42939 Avers Forest | FEDERAL: 4 | _ | |
| | STATE: 4 | | |
| Martinland KY 92477 | LOCAL: | | |

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| | Wages, tips, other con 113302.52 | ıp. | 2 Feder | al income | tax withheld 25596.32 | | | |
|-----|---|---|---|--------------------------|---|-----|--|--|
| 3 | Social security wages | | 4 Social | socurity t | tax withheld | | | |
| • | 137337.0 | | - 00014 | occurry, | 10506.28 | | | |
| 5 | Medicare wages and ti | ne | 6 Medic | are tax wi | thhold | | | |
| • | 97675.33 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 2832.58 | | | | |
| d | Control number | Dept. | Corp. | | Employer use on | .h. | | |
| | 99094 | Corp. | | A Employer use on | 11y 36 | | | |
| C. | Employer's name, add | 150 ress. and ZIP | code | | ^ | 30 | | |
| | Hester-Stev | | | | | | | |
| | 061 Sabrina | | | | | | | |
| | | | | | | | | |
| | Martinland | KY | 92477- | 8111 | | | | |
| | 0 | | | | | | | |
| b | Employer's FED ID nu | nhor | a Emplo | yee's SS/ | 1 number | | | |
| | 98-3178746 | iibei | a Lilipi | yee a Jul | 0 | | | |
| | | | | | - | | | |
| 7 | Social security tips | | 8 Alloca | ted tips | | | | |
| | 137337.0 | | | | 97675.33 | | | |
| 9 | Verification Code | | 40 | | . I | | | |
| 9 | Verification Code | | 10 Depe | naent care | benefits 137 | | | |
| | U | | 1 | | | | | |
| 11 | Nonqualified plans | | 12a See ii | struction | s for box 12 | | | |
| | 231 | | | | | | | |
| | | | J | | 7214 | | | |
| 14 | Other | | 12b 12c | | 927 | | | |
| | | | 12c 12d | | | | | |
| | | | | - 1 | | | | |
| | | | 13 Stat amn | Pet Plan | | | | |
| e/f | Employees name, add | ress and ZIP o | 13 Stat emp. 0 ode | Ret. Plan x | 3rd party sick pay 0 | | | |
| e/f | Employees name, add Lisa Reed 42939 Ayers East Kurtto | Forest | ode | | 0 | | | |
| | Lisa Reed 42939 Ayers East Kurtto | Forest n IA | 0 code | x | ips, etc. | | | |
| e/f | Lisa Reed 42939 Ayers East Kurtto | Forest n IA | 0 code | × 66-681 | .3 | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State Employer NC 31-15-7 | Forest n IA | 0 code 486 | x 66-681 wages, ti | ps, etc. 55633.26 | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto | Forest n IA | 0 code 486 | × 66-681 | ps, etc. 55633.26 | | | |
| | Lisa Reed 42939 Ayers East Kurtto 0 State Employer NC 31-15-7 | Forest n IA | 0 code 486 | x 66-681 wages, ti | 0 ips, etc. 55633.26 ips, etc. | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State Employer NC 31-15-7 State income tax 2061.66 Local income tax | Forest n IA | 0 ode | x 66-681 wages, ti | ps, etc. 55633.26 ips, etc. 127203.76 | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State NC Employer 31-15-7 State income tax 2061.66 | Forest n IA | 0 ode | x 66-683 wages, ti | 0 ips, etc. 55633.26 ips, etc. | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State Employer 31-15-7 State income tax 2061.66 Local income tax 18999.44 | Forest n IA s'state ID no. | 0 oode | x 66-683 wages, ti | 0 ips. etc. 55633.26 ips. etc. 127203.76 | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State Employer NC 31-15-7 State income tax 2061.66 Local income tax | Forest n IA s'state ID no. | 0 oode | x 66-681 wages, ti | ps, etc. 55633.26 ips, etc. 127203.76 | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State Employer 31-15-7 State income tax 2061.66 Local income tax 18999.44 | Forest n IA | oode 486 16 State 18 Loca 20 Loca Filing and | x 66-683 wages, ti | 0 ips. etc. 55633.26 ips. etc. 127203.76 | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State Employer 31-15-7 State income tax 2061.66 Local income tax 18999.44 | Forest n IA s'state ID no. | oode 486 16 State 18 Loca 20 Loca Filing and | x 66-681 wages, ti | 1.3 1.3 1.3 1.5 1.5 1.5 1.6 1.6 1.6 1.6 1.6 | | | |
| 15 | Lisa Reed 42939 Ayers East Kurtto 0 State Employer 31-15-7 State income tax 2061.66 Local income tax 18999.44 | Forest n IA | oode 486 16 State 18 Loca 20 Loca Filing and | x 66-681 wages, ti | 0 ips. etc. 55633.26 ips. etc. 127203.76 | | | |

| 1 | Wages, tips, other comp. | | 2 Fed | eral income | tax withheld | | | | |
|-------------|-----------------------------------|------------|-----------------------------------|--|-------------------------|----|--|--|--|
| | 113302.52 | | | 25596.32 | | | | | |
| 3 | Social security wages 137337.0 | | | 4 Social security tax withheld 10506.28 | | | | | |
| 5 | Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| 97675.33 | | | | 2832.58 | | | | | |
| d | Control number | Dept. | Corp. | T | Employer use only | | | | |
| 4299094 150 | | | | | A | 36 | | | |
| С | Employer's name, address | | | | | | | | |
| | Hester-Steve | ens Inc | 2 | | | | | | |
| | 061 Sabrina | Trace | | | | | | | |
| | Martinland | KY | 9247 | 92477-8111 | | | | | |
| b | Employer's FED ID numbe | r | a Emi | oloyee's SS | A number | | | | |
| - | 98-3178746 | | | , | 0 | | | | |
| | | | | | | | | | |
| 7 | Social security tips 137337.0 | | 8 Allo | cated tips | 97675.33 | | | | |
| 9 | Verification Code | | 10 Der | endent ca | re henefits | | | | |
| | 0 | | 10 Dependent care benefits 137 | | | | | | |
| | | | | | | | | | |
| 11 | Nonqualified plans 231 | | 12a See | instruction | ns for box 12 | | | | |
| | 231 | | | | I 7214 | | | | |
| 14 | Other | | 12b | | 927 | | | | |
| | | | 12c | | 274 | | | | |
| | | | 12d | | 398 | | | | |
| | | | 13 Stat em 0 | p. Ret. Plan | 3rd party sick pay 0 | | | | |
| e/f | Employees name, address | and ZIP co | | × | U | | | | |
| | | | | | | | | | |
| | Lisa Reed | | | | | | | | |
| | 42939 Ayers | Forest | t | | | | | | |
| | East Kurtton | 1 I | CA 4 | 8666-6 | 813 | | | | |
| | 0 | | | | | | | | |
| 15 | | | 16 Sta | ite wages, | | | | | |
| | NC 31-15-77 | 3 | | | 55633.26 | | | | |
| 17 | State income tax | | 18 Lo | cal wages, | tins etc | | | | |
| ., | 2061.66 | | 10 L0 | vayes, | 127203.76 | | | | |
| | | | | | | | | | |
| 19 | Local income tax | | 20 Lo | cality name | | | | | |
| | 18999.44 | | | | Henry Crossroad | | | | |
| | NC.State | 9 | Filing | | Сору | | | | |
| 1 | | Wage | | | ., | | | | |
| | | Stateme | nt | | | | | | |
| W | <i>I</i> -2 | Staterille | ar it | | 2018 | | | | |
| Con | y 2 to be filed with employee's | State Inco | me Tax R | eturn | OMB No. 1545-0008 | | | | |
| LOP | , | | | | | , | | | |

| 1 | Wages, tips, other comp. 113302.52 | | 2 | Feder | al income | tax withheld 25596.32 | | | |
|------------------------|--|----------------|---|------------------------------------|-------------|--------------------------|----|--|--|
| _ | | | | 4 Social security tax withheld | | | | | |
| 3 | 137337.0 | | | 10506.28 | | | | | |
| 5 | Medicare wages and tips 97675.33 | | 6 | 6 Medicare tax withheld 2832.58 | | | | | |
| d Control number Dept. | | | |). | | Employer use only | | | |
| 4299094 150 | | | | | | Α | 36 | | |
| С | c Employer's name, address, and ZIP co | | | | | | | | |
| | Hester-Stev | | С | | | | | | |
| | 061 Sabrina | | | | | | | | |
| | Martinland 0 | KY | 9 | 92477-8111 | | | | | |
| b | Employer's FED ID number | er | а | Emplo | yee's SSA | A number | | | |
| | 98-3178746 | | | | | 0 | | | |
| 7 | Social security tips | | 8 | Allega | ted tips | | | | |
| , | 137337.0 | | ° | Alloca | ted tips | 97675.33 | | | |
| 9 | Verification Code 0 | | 10 | 10 Dependent care benefits 137 | | | | | |
| 11 | Nonqualified plans | | 12a See instructions for box 12 | | | | | | |
| | 231 | | | | | | | | |
| 14 | Other | | 12b | J | | 7214 | | | |
| 14 | Other | | | 12b 927 12c 274 | | | | | |
| | | | 12d 398 | | | | | | |
| | | | 13 Stat emp. Ret. Plan 3rd party sick pay | | | | | | |
| e/f | Employees name, address | and ZIP co | | 0 | × | 0 | | | |
| ٠, | Employees hame, address | Juna En o | ouc | | | | | | |
| | Lisa Reed | | | | | | | | |
| | 42939 Ayers | Forest | ε | | | | | | |
| | East Kurtto | n : | IA | 48 | 666-6 | 813 | | | |
| 15 | State Employers NC 31-15-7 | s' state ID no | 16 | State | wages, ti | ps, etc. 55633.26 | | | |
| 17 | State income tax | | 18 | Loca | l wages, ti | | | | |
| | 2061.66 | | | | | 127203.76 | | | |
| 19 | 19 Local income tax 18999 . 44 | | | Loca | lity name | Henry Crossroad | | | |
| | City or Lo | cal | Fi | ling | | Сору | | | |
| | • | Wage | а | ınd | Tax | ., | | | |
| W | W-2 Statement 2018 | | | | | | | | |
| Сор | y 2 to be filed with employee's | s City or Loc | al Ind | come T | ax Return | OMB No. 1545-0008 | | | |
| | | | | | | | | | |