|     |                     | Employe       | е              | Refe  | erenc   | е          | Сору                   |             |    |
|-----|---------------------|---------------|----------------|-------|---------|------------|------------------------|-------------|----|
|     |                     |               | Wage           | a     | ind     | Tax        |                        |             |    |
| ١.  |                     |               | Stateme        | nt    |         |            | 0040                   |             |    |
| V   | V-2                 |               |                |       |         |            | 2018                   |             |    |
| Con | y C for employ      | vee's records |                |       |         |            | OMB No. 1545-          | 8000        |    |
| d   | Control num         |               | Dept.          | Corp  | ).      |            | Employ                 | er use only |    |
| 755 | 1517                |               | 150            |       |         |            | A                      |             | 36 |
|     |                     |               |                |       |         |            |                        |             |    |
| С   | Employer's          |               |                | code  |         |            |                        |             |    |
|     |                     | a LLC         |                |       |         |            |                        |             |    |
|     |                     | anner 1       |                |       |         |            |                        |             |    |
|     | Gainesville IL 5270 |               |                | 00-7  | 811     |            |                        |             |    |
|     | 0                   |               |                |       |         |            |                        |             |    |
|     |                     |               |                |       |         |            |                        |             |    |
|     |                     |               |                | В-    | itch    |            | #02021                 |             |    |
|     |                     |               |                | ь     | ilcii   |            | #02021                 |             |    |
| e/f | Employees           | name, addr    | ess and ZIF    | code  |         |            |                        |             |    |
|     |                     |               |                |       |         |            |                        |             |    |
|     | Erin 1              | Horton        |                |       |         |            |                        |             |    |
|     |                     | onna F        |                |       |         |            |                        |             |    |
|     |                     |               |                |       |         |            |                        |             |    |
|     | Jessi               |               | HI             | 9355  | 5-3     | 53/        |                        |             |    |
|     | U                   |               |                |       |         |            |                        |             |    |
| b   | Employer's          | FED ID nur    | nber           | a     | Emplo   | yee's SS   | A number               |             |    |
|     | 60-0909             | 394           |                |       |         |            | 564-14-9574            |             |    |
| 1   | Wages, tips         | other com     | n              | 2     | Feder   | al income  | tax withheld           |             |    |
| ľ   | 156331.             |               | -              | T     |         |            | 25735.61               |             |    |
| 3   | Social secur        |               |                | 4     | 0       |            | tax withheld           |             |    |
| 3   | 141992.             |               |                | 4     | Socia   | security   | 10862.42               |             |    |
|     |                     |               |                |       |         |            |                        |             |    |
| 5   | Medicare wa         | ages and tip  | os             | 6     | Medic   | are tax w  | ithheld                |             |    |
|     | 170715.             | 41            |                |       |         |            | 4950.75                |             |    |
| _   |                     |               |                | 4     |         |            |                        |             |    |
| 7   | Social secur        |               |                | 8     | Alloca  | ted tips   | 170715.41              |             |    |
|     |                     |               |                |       |         |            |                        |             |    |
| 9   | Verification        |               |                | 10    | Depe    | ndent car  | e benefits             |             |    |
|     | 0                   |               |                |       |         |            | 296                    |             |    |
| 11  | Nonqualifie         | d plans       |                | 12a   | See ii  | struction  | ns for box 12          |             |    |
|     | 251                 |               |                |       |         |            |                        |             |    |
| 14  | Other               |               |                | 12b   | A       |            | 9689                   |             |    |
| 14  | Other               |               |                | 12b   |         |            | 259                    |             |    |
|     |                     |               |                | 12d   |         |            | 448                    |             |    |
|     |                     |               |                | 13 St | at emp. | Ret. Plan  | 3rd party sick pay     |             |    |
| 15  | Ctoto               | Feeder        | I state ID     | 46    | X       | ×          | ×                      |             |    |
| 15  | State               | 730-41-1      | ' state ID no. | 16    | State   | wages, t   | tips, etc.<br>74922.22 |             |    |
| 1   |                     |               |                |       |         |            |                        |             |    |
| 17  | State incor         |               |                | 18    | Loca    | I wages, t |                        |             |    |
| 1   | 10178.0             |               |                |       |         |            | 124761.88              |             |    |
| 19  | Local incor         | me tax        |                | 20    | Loca    | litv name  | 1                      |             |    |
| 1   | 30532.19            |               |                | 1     |         | ,          | Nguyen Holl            | ow          |    |

## 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                    | 192929.5 | Social Security<br>Tax Withheld<br>Box 4 of W-2 | 10862.42 | VA.State Income Tax<br>Box 17 of W-2<br>Local Income Tax<br>Box 19 of W-2 | 10178.0<br>30532.19 |
|------------------------------|----------|---|----------|---|---------------------|
| Fed. Income                  | 25735.61 | Medicare Tax                                    | 4950.75  |   |                     |
| Tax Withheld<br>Box 2 of W-2 |          | Withheld<br>Box 6 of W-2                        |          | SUI/SDI/FLI<br>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              | VA.State Wages,             | Nguyen Hollow                              |  |
|--|------------------------------|-----------------------|-------------------------|-----------------------------|--|--|
|  | Compensation<br>Box 1 of W-2 | Wages<br>Box 3 of W-2 | Wages<br>2 Box 5 of W-2 | Tips, Etc.<br>Box 16 of W-2 | Local Wages,<br>Tips, Etc.<br>Box 18 of W2 |  |
| Gross Pay                                    | 192929.46                    | 2E+05                 | 192929.5                | 192929.5                    | 192929.5                                   |  |
| Plus GTL (C-Box 12)                          | 9689                         | 9689                  | 9689                    | 9689                        | 9689                                       |  |
| Less 401(k) (D-Box 2)<br>Less Other Café 125 | 632<br>25735.61              | N/A<br>25735.61       | N/A<br>25735.61         | 632<br>25735.61             | N/A<br>25735.61                            |  |
| Reported W-2 Wages                           | 156331.43                    | 156331.43             | 156331.43               | 156331.43                   | 156331.43                                  |  |

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

Erin Horton 105 Donna Forges Gainesville IL 52700-781 Social Security Number: 564-14-9574
Taxable Marrial Status: MARRIED
Exemptions/Allowances: FEDERAL: 4
STATE: 4

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| 1   | 156331.43                               |                   | 2 Federal income tax withheld<br>25735.61 |           |             |                    |    |  |  |
|-----|---|-------------------|---|-----------|-------------|--------------------|----|--|--|
| 3   |   |                   | 4   |           |             |                    |    |  |  |
| 3   | Social security wages<br>141992.43      |                   |   | Social    | security t  | 10862.42           |    |  |  |
| 5   | Medicare wages and tips<br>170715.41    |                   |   | Medica    | are tax wit | thheld             |    |  |  |
|     |   |                   |   |           |             | 4950.75            |    |  |  |
| d   | Control number                          | Dept.             | Corp                                      | ).        |             | Employer use only  |    |  |  |
| 755 | 51517                                   | 150               |   |           |             | A                  | 36 |  |  |
| С   | Employer's name, a                      | ddress, and ZIP   | code                                      |           |             |                    |    |  |  |
|     | Guerra LLC                              | PLC               |   |           |             |                    |    |  |  |
|     | 680 Tanner                              | Flat              |   |           |             |                    |    |  |  |
|     | Gainesville IL 52700-7811               |                   |   |           |             |                    |    |  |  |
|     | Gainesviii                              | e 11 32/0         | , ,                                       | 011       |             |                    |    |  |  |
|     | U                                       |                   |   |           |             |                    |    |  |  |
| b   | Employer's FED ID                       | umbor             | a   | Emplo     | yee's SSA   | Anumber            |    |  |  |
|     | 60-0909394                              | idilibei          | a   | Lilipio   | yee 5 337   | 0                  |    |  |  |
|     | 00-0309394                              |                   |   |           |             | •                  |    |  |  |
| 7   | Social security tips                    |                   | 8   | Allocat   | ted tips    |                    |    |  |  |
|     | 141992.43                               |                   |   | 170715.41 |             |                    |    |  |  |
|     |   |                   |   |           |             |                    |    |  |  |
| 9   | Verification Code                       |                   | 10  | Deper     | ndent care  |                    |    |  |  |
|     | 0                                       |                   |   |           |             | 296                |    |  |  |
| 11  | Nonqualified plans                      |                   | 122                                       | See in    | struction   | s for box 12       |    |  |  |
|     | 251                                     |                   | 12a See ilistractions for box 12          |           |             |                    |    |  |  |
|     |   |                   |   | A         | 1           | 9689               |    |  |  |
| 14  | Other                                   |                   | 12b                                       |           | i           | 632                |    |  |  |
|     |   |                   | 12c                                       |           |             | 259                |    |  |  |
|     |   |                   | 12d                                       |           | - 1         | 448                |    |  |  |
|     |   |                   | 13 St                                     | at emp.   | Ret. Plan   | 3rd party sick pay |    |  |  |
|     |   |                   |   | x         | ×           | ×                  |    |  |  |
| e/f | Employees name, a                       | ddress and ZIP    | code                                      |           |             |                    |    |  |  |
|     |   |                   |   |           |             |                    |    |  |  |
|     | Erin Horton                             |                   |   |           |             |                    |    |  |  |
|     | 105 Donna                               | Forges            |   |           |             |                    |    |  |  |
|     | Jessicaside HI 93555-3537               |                   |   |           |             |                    |    |  |  |
|     | 0                                       |                   |   |           |             |                    |    |  |  |
|     | •                                       |                   |   |           |             |                    |    |  |  |
| 15  | State Employ                            | ers' state ID no. | 16  | State     | wages, ti   | ips, etc.          |    |  |  |
|     | VA 30-41                                | -139              |   |           |             | 74922.22           |    |  |  |
|     |   |                   | <u> </u>                                  |           |             |                    |    |  |  |
|     | State income tax                        |                   | 18  | Local     | l wages, t  |                    |    |  |  |
| 17  |   | 10178.0           |   |           |             | 124761.88          |    |  |  |
| 17  | 10178.0                                 |                   |   |           |             |                    |    |  |  |
|     | 10178.0                                 |                   | 20  | Local     | lity name   |                    |    |  |  |
|     |   |                   | 20  | Local     | lity name   | Nguyen Hollow      |    |  |  |
|     | 10178.0<br>Local income tax             |                   | 20  | Local     | lity name   | Nguyen Hollow      |    |  |  |
|     | 10178.0<br>Local income tax             | ral               |   | Local     | lity name   | Nguyen Hollow      |    |  |  |
|     | 10178.0<br>Local income tax<br>30532.19 |                   | Fil                                       | ling      |             |                    |    |  |  |
| 17  | 10178.0<br>Local income tax<br>30532.19 | Wage              | Fi  |           | Tax         | Сору               |    |  |  |
|     | 10178.0<br>Local income tax<br>30532.19 |                   | Fi  | ling      |             |                    |    |  |  |

| 1         | Wages, tips, other comp.<br>156331.43                         |                                   |                             | Pederal income tax withheld<br>25735.61 |                                |      |  |  |  |  |  |
|-----------|---|-----------------------------------|-----------------------------|---|--------------------------------|------|--|--|--|--|--|
| 3         |   |                                   |                             | 4 Social security tax withheld          |                                |      |  |  |  |  |  |
| 141992.43 |   |                                   | - 55010                     |   | 10862.42                       |      |  |  |  |  |  |
| 5         | Medicare wages  | and tips                          | 6 Media                     | care tax wit                            | thheld                         |      |  |  |  |  |  |
| 170715.41 |   |                                   |                             |   | 4950.75                        |      |  |  |  |  |  |
| d         | Control number  | Dept.                             | Corp.                       |   | Employer use only              |      |  |  |  |  |  |
| _         | 1517  | 150                               |                             |   | A                              | 36   |  |  |  |  |  |
|           |   | ne, address, and Zi               |                             |   |                                | - 00 |  |  |  |  |  |
|           |   |                                   |                             |   |                                |      |  |  |  |  |  |
|           | Guerra LLC PLC  |                                   |                             |   |                                |      |  |  |  |  |  |
|           | 680 Tanner Flat   |                                   |                             |   |                                |      |  |  |  |  |  |
|           | Gaines  | sville IL 5                       | 2700-78                     | 11                                      |                                |      |  |  |  |  |  |
|           | 0   |                                   |                             |   |                                |      |  |  |  |  |  |
|           |   |                                   |                             |   |                                |      |  |  |  |  |  |
| b         | Employer's FED  |                                   | a Empl                      | loyee's SSA                             |                                |      |  |  |  |  |  |
|           | 60-09093  |                                   |                             | 0                                       |                                |      |  |  |  |  |  |
| 7         | Social eccurion   | line                              | 8 Alloc                     | ated tips                               |                                |      |  |  |  |  |  |
| •         |   | Social security tips<br>141992.43 |                             |   | 170715.41                      |      |  |  |  |  |  |
|           |   |                                   |                             |   |                                |      |  |  |  |  |  |
| 9         |   | Verification Code<br>0            |                             | endent care                             |                                |      |  |  |  |  |  |
|           | 0   |                                   |                             |   | 296                            |      |  |  |  |  |  |
| 11        | N   |                                   | 40- 0                       |   |                                |      |  |  |  |  |  |
| 11        | Nonqualified plans<br>251                                     |                                   | 12a See                     | 12a See instructions for box 12         |                                |      |  |  |  |  |  |
|           |   |                                   | A                           |   | 9689                           |      |  |  |  |  |  |
| 14        | Other   |                                   | 12b                         |   | 632                            |      |  |  |  |  |  |
|           |   |                                   | 12c                         | — i                                     | 259                            |      |  |  |  |  |  |
|           |   |                                   | 12d                         |   | 448                            |      |  |  |  |  |  |
|           |   | 13 Stat emp                       | . Ret. Plan                 | 3rd party sick pay                      |                                |      |  |  |  |  |  |
|           |   |                                   | ×                           | ×                                       | ×                              |      |  |  |  |  |  |
| e/f       | Employees nam   | e, address and ZIF                | ode .                       |   |                                |      |  |  |  |  |  |
|           | Erin I  |                                   |                             |   |                                |      |  |  |  |  |  |
|           |   |                                   |                             |   |                                |      |  |  |  |  |  |
|           | 105 D   | onna Forges                       | i                           |   |                                |      |  |  |  |  |  |
|           | Jessi   | 93555                             | 93555-3537                  |   |                                |      |  |  |  |  |  |
|           | 0   |                                   |                             |   |                                |      |  |  |  |  |  |
|           |   |                                   |                             |   |                                |      |  |  |  |  |  |
|           |   | Employers' state ID               | no 16 Stat                  | e wages, ti                             |                                |      |  |  |  |  |  |
| 15        | State   |                                   |                             |   | 74922.22                       |      |  |  |  |  |  |
| 15        |   | 30-41-139                         |                             |   |                                |      |  |  |  |  |  |
| 15        | VA  | 30-41-139                         | 18 Loc                      | al wages, t                             | ins. etc.                      |      |  |  |  |  |  |
|           |   | 30-41-139                         | 18 Loca                     | al wages, t                             | ips, etc.<br>124761.88         |      |  |  |  |  |  |
| 17        | VA<br>State income t<br>10178.0                               | 30-41-139<br>ax                   |                             |   |                                |      |  |  |  |  |  |
|           | VA State income t 10178.0 Local income t                      | 30-41-139<br>ax                   |                             | al wages, t                             | 124761.88                      |      |  |  |  |  |  |
| 17        | VA<br>State income t<br>10178.0                               | 30-41-139<br>ax                   |                             |   |                                |      |  |  |  |  |  |
| 17        | VA<br>State income t<br>10178.0<br>Local income t<br>30532.19 | 30-41-139<br>ax                   | 20 Loca                     |   | 124761.88<br>Nguyen Hollow     |      |  |  |  |  |  |
| 17        | VA<br>State income t<br>10178.0<br>Local income t<br>30532.19 | ax  VA.State                      | 20 Loca                     | ality name                              | 124761.88                      |      |  |  |  |  |  |
| 17        | VA<br>State income t<br>10178.0<br>Local income t<br>30532.19 | ax  VA.State                      | 20 Loca                     |   | 124761.88<br>Nguyen Hollow     |      |  |  |  |  |  |
| 17        | VA State income t 10178.0 Local income t 30532.19             | ax  VA.State                      | 20 Loca<br>Filing<br>ge and | ality name                              | 124761.88  Nguyen Hollow  Copy |      |  |  |  |  |  |
| 17        | VA<br>State income t<br>10178.0<br>Local income t<br>30532.19 | ax  VA.State  Wag                 | 20 Loca<br>Filing<br>ge and | ality name                              | 124761.88<br>Nguyen Hollow     |      |  |  |  |  |  |

| <ol> <li>Wages, tips, other comp.</li> </ol>  | 2 Federal income tax withheld               |  |  |  |  |  |
|---|---|--|--|--|--|--|
| 156331.43                                     | 2 Federal Income tax withheld<br>25735 . 61 |  |  |  |  |  |
| 3 Social security wages                       | 4 Social security tax withheld              |  |  |  |  |  |
| 141992.43                                     | 10862.42                                    |  |  |  |  |  |
| 5 Medicare wages and tips<br>170715.41        | 6 Medicare tax withheld<br>4950.75          |  |  |  |  |  |
|   |   |  |  |  |  |  |
| d Control number Dept.<br>7551517 150         | Corp. Employer use only  A 36               |  |  |  |  |  |
| c Employer's name, address, and ZIP           |   |  |  |  |  |  |
| Guerra LLC PLC                                |   |  |  |  |  |  |
| 680 Tanner Flat                               |   |  |  |  |  |  |
| Gainesville IL 52                             | 700-7811                                    |  |  |  |  |  |
| 0   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| b Employer's FED ID number                    | a Employee's SSA number                     |  |  |  |  |  |
| 60-0909394                                    | 0   |  |  |  |  |  |
| 7 Social security tips                        | 8 Allocated tips                            |  |  |  |  |  |
| 141992.43                                     | 170715.41                                   |  |  |  |  |  |
| 9 Verification Code                           | 10 Dependent care benefits                  |  |  |  |  |  |
| 0   | 296   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 11 Nonqualified plans<br>251                  | 12a See instructions for box 12             |  |  |  |  |  |
| 131   | A   9689                                    |  |  |  |  |  |
| 14 Other                                      | 12b   632                                   |  |  |  |  |  |
|   | 12c   259<br>12d   448                      |  |  |  |  |  |
|   | 13 Stat emp. Ret. Plan 3rd party sick pay   |  |  |  |  |  |
|   | x x x                                       |  |  |  |  |  |
| e/f Employees name, address and ZIP of        | code  |  |  |  |  |  |
| Erin Horton                                   |   |  |  |  |  |  |
| 105 Donna Forges                              |   |  |  |  |  |  |
| -   | 93555-3537                                  |  |  |  |  |  |
| Dessicaside Hi                                | 93335-3337                                  |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 15 State Employers' state ID no               |   |  |  |  |  |  |
| VA 30-41-139                                  | 74922.22                                    |  |  |  |  |  |
| 17 State income tax                           | 18 Local wages, tips, etc.                  |  |  |  |  |  |
| 10178.0                                       | 124761.88                                   |  |  |  |  |  |
| 19 Local income tax                           | 20 Locality name                            |  |  |  |  |  |
| 30532.19                                      | Nguyen Hollow                               |  |  |  |  |  |
|   | <u> </u>                                    |  |  |  |  |  |
|   | Filing Copy                                 |  |  |  |  |  |
| Wage  | and Tax                                     |  |  |  |  |  |
| W-2 Statement                                 | ent 2018                                    |  |  |  |  |  |
| •• –  |   |  |  |  |  |  |
| Copy 2 to be filed with employee's City or Lo | ocal Income Tax Return OMB No. 1545-0008    |  |  |  |  |  |