Reference Employee Сору Wage and Statement W-2 2018 OMB No. 1545-0008 Employer use only apt. 150 Α Employer's name, address, and ZIP code Watson-Williams and Sons 7366 Greer Haven Apt. 136 South Scottchester WY 62409-0008 #02021 Batch Employees name, address and ZIP code Angela Jennings 31703 Davis Walks Myersstad AZ 89204-9117 Employee's SSA number 126-70-7471 Wages, tips, other comp. 155311.09 Federal income tax withheld 31850.8 Social security tips 117886.56 Verification Code nt care benefits | 2334 | 460 | 952 Other 0 0 ages, tips, etc. 83770.1 Employers' state ID n 984-22-207 Local wages, tips, etc. 182239.3 Gabriel Path

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	196180.2	Social Security Tax Withheld	9018.32	ID.State Income Tax Box 17 of W-2	5093.25
		Box 4 of W-2		Local Income Tax	18374.01
				Box 19 of W-2	
Fed. Income	31850.8	Medicare Tax	4044.99		
Tax Withheld		Withheld		SU/SDI/FLI	
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 Compensation Box 1 of W-2	Social Secu Wages Box 3 of W-	r Medicare Wages 2 Box 5 of W-2	ID.State Wages, Tips, Etc. Box 16 of W-2	Gabriel Path Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	196180.21	2E+05	196180.2	196180.2	196180.2
Plus GTL (C-Box 12)	2334	2334	2334	2334	2334
Less 401(k) (D-Box 2)	460	N/A	N/A	460	N/A
Less Other Café 125	31850.8	31850.8	31850.8	31850.8	31850.8
Reported W-2 Wages	155311.09	155311.09	155311.09	155311.09	155311.09

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

Angela Jennings	Social Security Number: Taxable Marital Status:	126-70-7471 MARRIED	
31703 Davis Walks	Exemptions/Allowances: FEDERAL: 4 STATE: 4	-	
South Scottchester WY	LOCAL:		

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1	Wages, tips, other comp. 155311.09		2 Fed	eral income	tax withheld 31850.8		
3	Social security wages 117886.56	4 Social security tax withheld 9018.32					
5	Medicare wages and to	6 Med	6 Medicare tax withheld 4044.99				
			Corp.	1			
	Control number	Dept. 150	Curp.		Employer use only	36	
c	Employer's name, add		code		••		
	Watson-Will						
	7366 Greer			6			
	South Scott	-	WY		2409-0008		
b	Employer's FED ID nu	mber	a Emr	loyee's SS/	A number		
	34-9103540			.,	0		
_	0 ! - ! ! ! ! !		0 4"				
7	Social security tips 117886.56		8 Allo	cated tips	139482.47		
9	Verification Code		10 Der	10 Dependent care benefits			
	0				191		
11	Nonqualified plans		12a See instructions for box 12				
	200						
	Out		F		2334		
14	Other	12b 12c		460 952			
			12d		518		
			13 Stat em	p. Ret. Plan	3rd party sick pay		
e/f	Employees name, add		0	0	0		
	31703 Davis Myersstad	AZ 89	204-9				
15	State Employer ID 84-22-2	s' state ID no. 07	16 Sta	ite wages, ti	ips, etc. 83770.1		
17	State income tax 5093.25	18 Local wages, tips, etc. 182239.3					
19	Local income tax		20 Lo	cality name			
	18374.01		-	.,	Gabriel Path		
	Federa		Filing		Сору		
			and	Tax			
		Wage	and				
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1	1 Wages, tips, other comp. 155311.09			2 Federal income tax withheld 31850.8				
3	Social security wages 117886.56	4 Social security tax withheld 9018.32						
5	Medicare wages and tips 139482.47	6 Medic	6 Medicare tax withheld 4044.99					
d	Control number	Dept.	Corp.		Employer use only			
	0511	150			A	36		
С	Employer's name, address							
	Watson-Will:	lams ar	nd Sons	3				
	7366 Greer I	laven 1	Apt. 13	36				
	South Scotte	cheste	c W		62409-0008			
	0							
b	Employer's FED ID numbe	r	a Emple	oyee's SSA	A number			
	34-9103540				0			
7	Social security tips		8 Alloca	ted tips				
′	Social security tips 117886.56		o Alloca	itea tips	139482.47			
9	Verification Code		10 Depe	10 Dependent care benefits				
	U				191			
11	Nonqualified plans		12a See instructions for box 12					
	200							
14	Other		12b		2334 460			
	Guici		12c 952					
			12d		518			
			13 Stat emp.		3rd party sick pay			
e/f	Employees name, address	and ZIP co	ode	0	0			
	Angela d	Jenning	js .					
	31703 Davis	Walks						
	Myersstad	AZ 8	39204-9	9117				
	- 0							
15	State Employers	state ID no	16 State	wages, ti	ps. etc.			
	ID 84-22-20				83770.1			
17	State income tax		18 Loca		ha ata			
l''	5093.25		10 LOCA	l wages, t	182239.3			
19	Local income tax		20 Loca	lity name	0-1/-1 P1			
	18374.01				Gabriel Path			
	ID.State		Filina		Сору			
	Wage			3				
٠.	Ctotomo				0040			
V	W-2 2018							
Сор	Copy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008							
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1	Wages, tips, other comp. 155311.09	2 Federal income tax withheld 31850.8				
3	Social security wages 117886.56	4 Social security tax withheld 9018.32				
5	Medicare wages and tips 139482.47	6 Medicare tax withheld 4044.99				
d	Control number Dept.	Corp. Employer use only				
626	0511 150	A 36				
С	Employer's name, address, and ZII	P code				
	Watson-Williams	and Sons				
	7366 Greer Haven	Apt. 136				
	South Scottchest	er WY 62409-0008				
b	Employer's FED ID number	a Employee's SSA number				
	34-9103540	0				
7	Social security tips	8 Allocated tips				
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9	Verification Code	10 Dependent care benefits				
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11	Nonqualified plans	12a See instructions for box 12				
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14	Other	12b 460				
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		12d 518				
		13 Stat emp. Ret. Plan 3rd party sick pay				
_		0 0 0				
	ef Employees name, address and ZIP code Angela Jennings 31703 Davis Walks Myersstad AZ 89204-9117					
15		no 16 State wages, tips, etc.				
	ID 84-22-207	83770.1				
17	State income tax	18 Local wages, tips, etc.				
17	5093.25	182239.3				
	3033.23	102233.3				
19	Local income tax	20 Locality name				
	18374.01	Gabriel Path				
T	City or Local	Filing Copy				
		e and Tax				
W	/-2 Stater	^{nent} 2018				
Сор	y 2 to be filed with employee's City or L	ocal Income Tax Return OMB No. 1545-0008				