| | E | Employe | e l | Ref | erenc | е | | Сору | |
|-----|--------------------------|-------------|----------------|-------|-----------|-------------|----------|-------------------|----|
| ı | | | Wage | | and | Tax | | | |
| ١, | V-2 | | Statemen | t | | | | 2018 | |
| V | V-Z | | | | | | | | |
| Cop | y C for employe | | 3. | | | | OME | No. 1545-0008 | |
| d | Control numb | oer | Dept. 150 | Corp. | | | Α | Employer use only | 36 |
| 865 | 8715 | | 150 | | | | А | | 36 |
| С | Employer's n | name, addr | ess, and ZIP | code | • | | | | |
| ı | Aguila | r PLC | Inc | | | | | | |
| | 220 Ma | tthews | s Parkwa | y i | Apt. | 305 | | | |
| ı | East D | ebra | CT | 4 | 9011 | -2182 | | | |
| ı | 0 | | | | | | | | |
| ı | | | | | | | | | |
| ı | | | | Ва | atch | | # | #02021 | |
| _ | | | | | | | | | |
| e/f | Employees n | name, addr | ess and ZIP | code | | | | | |
| ı | a | | | | | | | | |
| ı | Christ | | Patel | | | | | | |
| ı | | _ | ews Apt. | | | | | | |
| ı | Wagner | cview | NJ | 5 | /119 | -1218 | | | |
| | | | | | | | | | |
| b | Employer's F 55-45708 | | nber | а | Empl | oyee's SS | | ber -21-6267 | |
| ı | 33-43/08 | 139 | | | | | 1/8 | -21-6267 | |
| 1 | Wages, tips, | | p. | 2 | Feder | al income | | ithheld 89.22 | |
| ı | 132058.9 | 13 | | | | | 237 | 89.22 | |
| 3 | Social securi | | | 4 | Socia | l security | | | |
| ı | 168870.8 | 15 | | | | | 129 | 18.62 | |
| 5 | Medicare wa | ges and tit | os | 6 | Medic | are tax wi | ithheld | ı | |
| | 130846.9 | | | | | | 379 | 4.56 | |
| 7 | Social securi | ter time | | 8 | Allega | ited tips | | | |
| ′ | 168870.8 | | | ľ | Alloca | iteu tips | 130 | 846.95 | |
| 9 | Verification C | - da | | 10 | Dana | ndent car | | -Eta | |
| 9 | verification C | Joue | | 10 | рере | nuent car | 202 | nits | |
| | | | | | | | | | |
| 11 | Nonqualified 281 | 1 plans | | 12a | See | nstruction | is for t | 00X 12 | |
| | | | | | v | | 868 | В | |
| 14 | Other | | | 12b | | | 250 | | |
| ı | | | | 120 | i | | 394 | | |
| ı | | | | 13 5 | itat emp. | Ret. Plan | 3rd pa | arty sick pay | |
| 15 | State | Employers | ' state ID no. | 16 | | wages, t | ips, et | 0 c. | |
| 1 | NJ | 414-98-2 | 279 | | | | | 77.58 | |
| 17 | State incom | ne tax | | 18 | Loca | ıl wages, t | ins. et | rc. | |
| | 5681.8 | - | | 1 | | 2 - 5, 1 | | 351.22 | |
| 19 | Local incom | ne tay | | 20 | Loca | litv name | | | |
| 10 | 25481.71 | | | 120 | LUCA | y manile | | in Greens | |

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 | 168766.8 | Social Security Tax Withheld Box 4 of W-2 | 12918.62 | NJ.State Income Tax Box 17 of W-2 Local Income Tax | 5681.8 25481.71 |
|------------------------------|----------|---|----------|--|--------------------|
| | | BOX 4 OF W-2 | | Box 19 of W-2 | 25481.71 |
| Fed. Income | 23789.22 | Medicare Tax | 3794.56 | | |
| 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 Secu | r Medicare | NJ.State Wages, | Robin Greens |
|--|------------------------------|----------------------|-------------------------|-----------------------------|--|
| | 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 | 168766.77 | 2E+05 | 168766.8 | 168766.8 | 168766.8 |
| Plus GTL (C-Box 12) | 8688 | 8688 | 8688 | 8688 | 8688 |
| Less 401(k) (D-Box 2) Less Other Café 125 | 250 23789.22 | N/A 23789.22 | N/A 23789.22 | 250 23789.22 | N/A 23789.22 |
| Reported W-2 Wages | 132058.93 | 132058.93 | 132058.93 | 132058.93 | 132058.93 |

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

| Christine Patel | Social Security Number: Taxable Marital Status: | 178-21-6267 MARRIED | | |
|-------------------------|--|------------------------|--|--|
| 9114 Amy Views Apt. 416 | Exemptions/Allowances: FEDERAL: 4 STATE: 4 | = | | |
| East Debra CT 4901 | LOCAL: | | | |

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| 19 Local income tax 25481.71 | | | 20 Loca | lity name | Robin Greens | | | |
|---------------------------------|-------------------------------------|----------------|---|----------------|-------------------------|----|--|--|
| | 5681.8 | | | | 119351.22 | | | |
| 17 | State income tax | | 18 Local wages, tips, etc. | | | | | |
| 15 | State Employers NJ 14-98-27 | state ID no. | 16 State | wages, ti | ps, etc. 65977.58 | | | |
| | 0 | | | | | | | |
| | Wagnerview | NJ | 57119 | -1218 | | | | |
| | 9114 Amy Vie | ws Apt. | 416 | | | | | |
| | Christine | Patel | | | | | | |
| e/f | Employees name, addr | ess and ZIP of | | | | | | |
| | | | 13 Stat emp. 0 | Ret. Plan 0 | 3rd party sick pay 0 | | | |
| | | | 12d | | 394 | | | |
| | ou.u. | | 12c | | 846 | | | |
| 14 | Other | | 12b | | 8688 250 | | | |
| •• | 281 | | | | | | | |
| 11 | Nonqualified plans | | 12a See instructions for box 12 | | | | | |
| ď | vernication Code 0 | | то рере | nuent care | 202 | | | |
| 9 | Verification Code | | 10 Dono | ndent care | honofite | | | |
| 7 | Social security tips 168870.85 | | 8 Alloca | ited tips | 130846.95 | | | |
| _ | | | | | - | | | |
| b | Employer's FED ID nun 55-4570839 | nber | a Empl | oyee's SS/ | A number 0 | | | |
| | F | | I. = | | | | | |
| | 0 0 | - | | | | | | |
| | East Debra | | 49011 | | | | | |
| | Aguilar PLC 220 Matthews | | 3 | 205 | | | | |
| С | Employer's name, addr | | code | | | | | |
| 86 | 58715 | 150 | | | A | 36 | | |
| d | Control number | Dept. | Corp. | | Employer use only | | | |
| 5 | Medicare wages and tip 130846.95 | os | 6 Medic | are tax wi | thheld 3794.56 | | | |
| | 168870.85 | | | 12918.62 | | | | |
| 3 | Social security wages | | 4 Social security tax withheld | | | | | |
| | 132058.93 | p. | 2 Federal income tax withheld 23789.22 | | | | | |

| 1 | Wages, tips, other comp. 132058.93 | | | 2 Federal income tax withheld 23789.22 | | | | | |
|-----|---------------------------------------|--------------------------------|------------------------------------|---|-------------------------|----|--|--|--|
| 3 | Social security wages | 4 Social security tax withheld | | | | | | | |
| | 168870.85 | | 12918.62 | | | | | | |
| 5 | Medicare wages and tips 130846.95 | 6 Medio | 6 Medicare tax withheld 3794.56 | | | | | | |
| d | d Control number Dept. | | | orp. Employer use only | | | | | |
| 865 | 8715 | 150 | | | A | 36 | | | |
| С | Employer's name, address Aquilar PLC | ode | | | | | | | |
| | 220 Matthews | | wav Ap | t. 305 | i | | | | |
| | East Debra | | | 11-218 | | | | | |
| | east Debia | CI | 490 | 11-210 | | | | | |
| b | Employer's FED ID number | r | a Empl | oyee's SS | A number | | | | |
| | 55-4570839 | | | | 0 | | | | |
| 7 | Social security tips | | 8 Alloc | ated tips | | | | | |
| | 168870.85 | | | | 130846.95 | | | | |
| 9 | Verification Code | | 10 Depe | endent car | e benefits | | | | |
| | 0 | | 202 | | | | | | |
| 11 | Nonqualified plans | | 12a See instructions for box 12 | | | | | | |
| | 281 | | | | | | | | |
| 14 | Other | | 12b | | | | | | |
| 14 | Other | | | | 250 | | | | |
| | | | | | 394 | | | | |
| | | | 13 Stat emp. Ret. Plan 0 0 | | 3rd party sick pay 0 | | | | |
| e/f | Employees name, address | and ZIP co | | , , | | | | | |
| | Christine | Pate | a 1 | | | | | | |
| | 9114 Amy Vie | | | | | | | | |
| | Wagnerview | NJ | 57119-1218 | | | | | | |
| | 0 | | 5,1 | | | | | | |
| 15 | State Employers | state ID no | 16 Stat | e wages, 1 | tips, etc. 65977.58 | | | | |
| | NO 114-96-2 | , | | | 03977.30 | | | | |
| 17 | State income tax | | 18 Local wages, | | | | | | |
| | 5681.8 | | | | 119351.22 | | | | |
| 19 | Local income tax 25481.71 | 20 Locality name | | Robin Greens | | | | | |
| | NJ.State | Filing | | Сору | | | | | |
| | NJ.State | Wage | and | Tax | ООРУ | | | | |
| W | W-2 Statement 2018 | | | | | | | | |
| - | _ | Ctoto lo · · | ma Tau Di | | | | | | |
| Cop | y 2 to be filed with employee's | State Inco | me rax Ret | urn | OMB No. 1545-0008 | | | | |

| 3 | Social security wages 168870.85 | | | 4 Social security tax withheld 12918.62 | | | | | |
|----------|---------------------------------------|-----------------------|-------------|--|-----------|------------|----------------------|----|--|
| 5 | Medicare wages and tips | | | 6 Medicare tax withheld | | | | | |
| 5 | 130846.95 | | | - | 3794 . 56 | | | | |
| d 865 | d Control number Dept. 8658715 150 | | | | p. | | Employer use only A | 36 | |
| С | Employer's name, address, and ZIP of | | | | | | | | |
| | Aguila | r PLC | Inc | | | | | | |
| | 220 Ma | tthew | s Parky | vav | Apt | . 305 | | | |
| | | ebra | | _ | _ | 1-218 | 2 | | |
| | 0 | | | | | | =' | | |
| | | | | | | | | | |
| b | Employer's FED | | r | а | Emplo | yee's SSA | A number | | |
| | 55-45708 | 39 | | | | | U | | |
| 7 | Social security t | | | 8 | Alloca | ted tips | | | |
| | 168870.8 | 5 | | | | | 130846.95 | | |
| 9 | Verification Cod | е | | 10 | Depe | ndent care | benefits | | |
| | 0 | | | | | | 202 | | |
| 11 | Nongualified pla | ane | | 122 | See in | etruction | s for box 12 | | |
| | 281 | | | | | | | | |
| _ | | | | V 8688 12b 250 | | | | | |
| 14 | Other | | | 12b | | | 250 846 | | |
| | | | | 12d 394 | | | | | |
| | | | | 13 S | | Ret. Plan | 3rd party sick pay | | |
| -15 | Employees nam | | and 710 a | | 0 | 0 | 0 | | |
| e/i | Employees nam | e, auuress | and zir c | oue | | | | | |
| | Christ | ine | Pate | e 1 | | | | | |
| | 9114 F | my Vie | ews Ap | ŧ. | 416 | | | | |
| | Wagner | _ | NJ - | | | 9-121 | 8 | | |
| | 0 | | | | | | | | |
| _ | | | | 1 | | | | | |
| 15 | State N.T | Employers 14-98-27 | state ID no | 16 | State | wages, ti | ps, etc. 65977.58 | | |
| | | | | | | | | | |
| 17 | State income to 5681.8 | ax | | 18 | Loca | I wages, t | | | |
| | 5681.8 | | | | | | 119351.22 | | |
| 19 | Local income t | | | 20 | Loca | lity name | | | |
| | 25481.71 | | | | | | Robin Greens | | |
| | Ci | ty or Lo | cal | Fi | ilina | | Copy | | |
| | Wage | | | | | Tax | | | |
| | • · · · | | | | | · un | 0040 | | |
| V | W-2 | | | | | | 2018 | | |
| Сор | y 2 to be filed with | employee's | City or Loc | al In | come T | ax Return | OMB No. 1545-0008 | | |
| | | | | | | | | | |