		Employe	е	Ref	erenc	e		Сору	
	-	,, -	Wage		and	Tax			
١			Statemer		ana	Idx	_		
W	V-2		Ciatorrio				2	2018	
Con	y C for employ	ee's records					OM	3 No. 1545-0008	
d	Control numl		Dept.	Cor	mp.			Employer use only	y
183	10947		150				Α		36
С	Employer's i	name, addr	ess, and ZIP	code	9				
	Grant	and So	ons and	So	ns				
	1373 8	Staffor	d Ports	3					
	West Matthewhaven					12994	-466	56	
	0								
				R	atch			#02021	
								, OLUL 1	
e/f	Employees i	name, addr	ess and ZIP	code					
	Emily	Smi							
	737 He	enderso	9						
			ith CA	1	2024	-0475			
	0								
b	Employer's		nber	а	Emple	yee's SS			
	32-04047	777					339	-21-8499	
1	Wages, tips,	other com	p.	2	Feder	al income	tax w	rithheld	
	55558.73	3					652	8.67	
3	Social secur	ity wages		4	Socia	security	tax wi	thheld	
	55084.58	3					421	3.97	
5	Medicare wa	41.			Madie		:444.01		
5	51789.66		os	ь	meaic	are tax w			
							150	1.7	
7	Social secur			8	Alloca	ted tips			
	33084.38	•					51/	89.66	
9	Verification (Code		10	Depe	ndent car			
	0						268		
11	Nonqualifie	d plans		150					
	140			pp.		. 670	,		
14	Other			12t					
L					0	0		0	
15	State		state ID no.	16	State	wages, t			
	WY	974-75-8	950	1			293	U8.85	
17	State incon	ne tax		18	Loca	l wages,			
	1372.61			1			565	04.85	
19	Local incor	ne tax		20	Loca	lity name	,		

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.

Gr	oss Pay		Social Security Tax Withheld	4213.97	WY.State Income Tax Box 17 of W-2	1372.61
			Box 4 of W-2		Local Income Tax	5728.45
					Box 19 of W-2	
Fe	d. Income	6528.67	Medicare Tax	1501.9		
Ta	x Withheld		Withheld		SUI/SDI/FLI	
Bo	x 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 Secu	ur Medicare	WY.State Wages,	Dawn Valley	
	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	66301.37	66301	66301.37	66301.37	66301.37	
Plus GTL (C-Box 12)	6781	6781	6781	6781	6781	
Less 401(k) (D-Box 2)	496	N/A	N/A	496	N/A	
Less Other Café 125	6528.67	6528.67	6528.67	6528.67	6528.67	
Reported W-2 Wages	55558.73	55558.73	55558.73	55558.73	55558.73	

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

Emily Smith 737 Henderson Ville West Matthewhaven CA Social Security Number: Taxable Marital Status:

© 2018 ADP, LLC

1	Wages, tips, 55558.73	p.	Pederal income tax withheld 6528 . 67							
3	Social securi			4 Social security tax withheld 4213.97						
5	Medicare wa 51789.66		os	6 Medi	6 Medicare tax withheld 1501.9					
d	Control numb	per	Dept.	Corp.	1	Employer use only				
	0947		150			Α 3				
С	Employer's n	name, addr	ess, and ZIP	code						
	Grant	and So	ons and	Sons						
	1373 S	Staffor	d Ports							
	West M	Matthew	whaven	CA	12994-	-4666				
b	Employer's F 32-04047		nber	a Emp	loyee's SS	A number 0				
7	Social securi	ity tips		8 Alloc	ated tips					
•	55084.58			- 7.1100		51789.66				
				. 55775						
9	Verification C	Code		10 Dep	endent car					
	0			268						
11	Nonqualified	Nonqualified plans			12a See instructions for box 12					
	140									
14	Other			BB		6781				
14	Other			12b 12c		496 896				
				12d		320				
						3rd party sick pay				
				0	0	0				
			ith on Ville ith CA	12024						
15				16 State wages, tips, etc.						
	WY	74-75-83	16			29308.85				
17	State incom	no tay		18 Loc	al wages, t	tine atc				
••	1372.61			200	uuges, i	56504.85				
		ne tax		20 Loc	ality name	Dawn Valley				
19	Local incom 5728.45									
19		Federal		Filing		Сору				
19		Federal		Filing and	Tax	Сору				
	5728.45	Federal	Wage Stateme	and	Tax					
		Federal	Wage	and	Tax	Сору 2018				

1	Wages, tips, oth 55558.73			2 Feder	al income	tax withheld 6528.67				
3	Social security v	wages		4 Socia	l security t	ax withheld				
	55084.58					4213.97				
5	Medicare wages	and tips		6 Medic	are tax wit	thheld				
	51789.66					1501.9				
d	Control number		Dept.	Corp.		Employer use only				
	0947		150	ourp.		A	36			
c	Employer's nam	e. addres:		ode						
			ons and							
			rd Por							
	West N	fatthe	whaven	CA	1299	4-4666				
	0									
b	Employer's FED		r	a Empl	oyee's SSA					
	32-04047	77				0				
7	Social security t	ine		8 Alloca	ited tips					
•	55084.58			o Alloca	iteu tIPS	51789.66				
	23004.50									
9	Verification Cod	е		10 Depe	ndent care					
	0			268						
11	Nonqualified plans 140			12a See instructions for box 12						
				вв		6781				
14	Other			12b		496				
				12c		896				
				12d		320				
				13 Stat emp	Ret. Plan	3rd party sick pay				
				0	0	0				
e/f	Employees nam	e, address	and ZIP c	ode						
	Emily	Sm	ıth							
	737 He	enders	on Vil	Le						
	Port F	(entmo	ıth C	120	24-047	5				
	10101				02/	-				
	U									
15	State	Employers	state ID no	16 State	wages, ti	ps, etc.				
	WY	74-75-8	36			29308.85				
17				l						
	State income tax 1372.61			18 Local wages, tips, etc. 56504.85						
.,	13/2.61			l		30304.83				
"		Local income tax			20 Locality name					
19	Local income t	ax	5728 . 45			Dawn Valley				
•		ax								
•		ax				•				
•	5728.45	ax NY.Stat	e	Filing		Сору				
•	5728.45				Тау	-				
•	5728.45		Wage	and	Tax	Сору				
	5728.45			and	Tax	-				
19 V	5728.45	WY.Stat	Wage Stateme	and		Сору				

1	Wages, tips, oth 55558.73		2	Feder	al income	tax withheld 6528.67	l
3	Social security v 55084.58		4	Social	security t	ax withheld 4213.97	
5	Medicare wages 51789.66		6	Medic	are tax wit	hheld 1501.9	
	Control number	Dept. 15		р.		A Em	ployer use only
183 C	Employer's nam					А	
		and Sons		ons			
	1373 8	tafford P	orts				
	West N	latthewhav	en C	A	12994	1-4666	
b	Employer's FED		а	Emplo	yee's SSA		
	32-04047	77				0	
7	Social security t		8	Alloca	ted tips		
	55084.58					51789.66	
9	Verification Cod	e	10	Depe	ndent care		
	0					268	
11	Nonqualified pla	ins	12a	See in	structions	for box 12	
	140			вв		6781	
14	Other		12b			496	
			12c			896 320	
						3rd party sick	pay
	_			0	0	0	
e/t	Employees nam	e, address and Z	IP code				
	Emily	Smith					
	737 He	nderson V	ille				
	Port F	entmouth	CA	1202	4-0475	5	
	0						
15	State	Employers' state I	ID no 16	State	wages, ti	ps, etc.	
	WY	74-75-836				29308.85	
17	State income to	ıx	18	Loca	l wages, ti	ps, etc.	
	1372.61					56504.85	
19	Local income t 5728.45	ax	20	Loca	lity name	Dawn Val	ley
	Ci	ty or Local		-		Сору	,
				and	Tax		
		State	ement			004	0
٧	V-2	Otati				201	ŏ