|     |                        |              |              |      |            |            |              | _             |          |    | _ |
|-----|------------------------|--------------|--------------|------|------------|------------|--------------|---------------|----------|----|---|
|     | E                      | Employe      | е            | Ref  | erenc      | e          |              | Сору          |          |    |   |
|     |                        |              | Wage         |      | and        | Tax        |              |               |          |    |   |
| ١.  | 1 2                    |              | Statemer     | nt   |            |            | -            | 0040          |          |    |   |
| V   | V-2                    |              |              |      |            |            | 4            | 2018          |          |    |   |
| Con | y C for employ         | ee's records | i.           |      |            |            | OME          | 3 No. 1545-00 | 800      |    |   |
| d   | Control numl           |              | Dept.        | Co   | m.         | l          |              | Employer      | use only |    | _ |
| 569 | 9227                   |              | 150          |      |            |            | Α            |               |          | 36 |   |
| _   |                        |              |              | Ц.   |            |            |              |               |          |    |   |
| С   | Employer's             |              |              | cod  | 9          |            |              |               |          |    |   |
|     |                        |              | Group        |      |            |            |              |               |          |    |   |
|     |                        | _            | Ways Apt     |      |            |            |              |               |          |    |   |
|     | Tonyal                 | perg         | CA           | 4    | 2158       | -3720      |              |               |          |    |   |
|     | 0                      |              |              |      |            |            |              |               |          |    |   |
|     |                        |              |              |      |            |            |              |               |          |    |   |
|     |                        |              |              | ъ.   | atch       |            |              | #02021        |          |    |   |
|     |                        |              |              | -    | aton       |            |              | 702021        |          |    |   |
| e/f | Employees i            | name, addr   | ess and ZIP  | code |            |            |              |               |          |    | _ |
|     |                        |              |              |      |            |            |              |               |          |    |   |
|     | David                  | Par          | 11           |      |            |            |              |               |          |    |   |
|     |                        |              | Cliffs       | Ç11  | i + 0      | 973        |              |               |          |    |   |
|     | Jenser                 |              | AR           |      |            | 3470       |              |               |          |    |   |
|     | Jenser                 | ibury        | AR           | 53   | 0/9-       | 34/0       |              |               |          |    |   |
| ı   | ·                      |              |              |      |            |            |              |               |          |    |   |
| b   | Employer's             |              | nber         | a    | Empl       | oyee's SS  |              |               |          |    |   |
|     | 14-59490               | 140          |              |      |            |            | 671          | -21-9179      |          |    |   |
| 1   | Wages, tips,           | other com    | p.           | 2    | Feder      | al income  | tax w        | rithheld      |          |    | _ |
|     | 152880.3               | 37           | -            |      |            |            | 372          | 98.89         |          |    |   |
| 3   | Social secur           |              |              | 4    | 0 '-       | I security |              | at to a tot   |          |    |   |
| 3   | 138888.5               |              |              | -    | Socia      | Security   |              | 24.97         |          |    |   |
|     |                        |              |              |      |            |            |              |               |          |    |   |
| 5   | Medicare wa            | ges and tip  | os           | 6    | Medic      | are tax w  | ithheld      | i             |          |    |   |
|     | 166026.3               | 33           |              |      |            |            | 481          | 4.76          |          |    |   |
| 7   | Social secur           |              |              | 8    |            | ted tips   |              |               |          |    |   |
| ′   | 138888.5               |              |              | l    | Alloca     | itea tips  | 166          | 026.33        |          |    |   |
|     |                        |              |              |      |            |            |              |               |          |    |   |
| 9   | Verification (         | Code         |              | 10   | Depe       | ndent ca   | re bene      |               |          |    |   |
|     | 0                      |              |              |      |            |            | 300          |               |          |    |   |
| 11  | Nonqualifie            | d plans      |              | 128  | See i      | nstruction | ns for I     | box 12        |          |    | _ |
|     | 285                    |              |              |      |            |            |              |               |          |    |   |
| 14  | Other                  |              |              | 121  |            |            | 390<br>  187 |               |          |    |   |
| 14  | Other                  |              |              | 120  |            |            | 187<br>  326 |               |          |    | - |
|     |                        |              |              | 120  | i          |            | 409          |               |          |    |   |
|     |                        |              |              | 13 5 |            | Ret. Plan  | 3rd po       | arty sick pay |          |    |   |
| 15  | State                  | Employers    | state ID no. | 16   | 0<br>State | wages.     | tine of      | ×             |          |    |   |
| 13  | AL                     | 341-58-4     |              | 16   | Stati      | wayes,     |              | 69.28         |          |    |   |
|     |                        |              |              |      |            |            |              |               |          |    |   |
| 17  | State incon<br>4530.22 | ne tax       |              | 18   | Loca       | ıl wages,  |              | tc.<br>489.79 |          |    |   |
|     | 4530.22                |              |              |      |            |            | 118          | 409.79        |          |    |   |
| 19  | Local incor            | ne tax       |              | 20   | Loca       | lity name  | ,            |               |          |    | _ |
| ı   | 00501 70               |              |              | 1    |            |            | er-          | has Past      |          |    |   |

## 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                    | 200804.2 | Social Security<br>Tax Withheld<br>Box 4 of W-2 | 10624.97 | AL.State Income Tax<br>Box 17 of W-2<br>Local Income Tax<br>Box 19 of W-2 | 4530.22<br>23581.76 |
|------------------------------|----------|---|----------|---|---------------------|
| Fed. Income                  | 37298.89 | Medicare Tax                                    | 4814.76  |   |                     |
| 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          | Social Secur Medicare   |                             | Stokes Fort                                |  |
|--|------------------------------|-----------------------|-------------------------|-----------------------------|--|--|
|  | 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                                    | 200804.23                    | 2E+05                 | 200804.2                | 200804.2                    | 200804.2                                   |  |
| Plus GTL (C-Box 12)                          | 3907                         | 3907                  | 3907                    | 3907                        | 3907                                       |  |
| Less 401(k) (D-Box 2)<br>Less Other Café 125 | 187<br>37298.89              | N/A<br>37298.89       | N/A<br>37298.89         | 187<br>37298.89             | N/A<br>37298.89                            |  |
| Reported W-2 Wages                           | 152880.37                    | 152880.37             | 152880.37               | 152880.37                   | 152880.37                                  |  |

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

| Social Security Number: | 6/1-21-9  |
|-------------------------|---|
| Taxable Marital Status: | MARRIE  |
| Exemptions/Allowances:  |   |
| FEDERAL: 4              |   |
| STATE: 4                |   |
| LOCAL:                  |   |
|                         | Taxable Marital Status:  Exemptions/Allowances:  FEDERAL: 4  STATE: 4 |

1 Wages, tips, other comp.

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| 1   | Wages, tips,<br>152880.3 |            | p.           | 2 Feder                                | al income   | tax withheld<br>37298.89 |   |
|-----|--------------------------|------------|--------------|--|-------------|--------------------------|---|
| 3   | Social securi            |            |              | 4 Socia                                | I security  | tax withheld<br>10624.97 |   |
| 5   | Medicare wages and tips  |            |              | 6 Medio                                | care tax wi | thheld                   |   |
|     | 166026.33                |            |              |  |             | 4814.76                  |   |
| d   | Control numb             | ber        | Dept.        | Corp.                                  |             | Employer use             | only  |
| 569 | 227                      |            | 150          |  |             | A                        | 36  |
| С   | Employer's r             | name, addr | ess, and ZIP | code                                   |             |                          |   |
|     | Lee-Wi                   | lliams     | Group        |  |             |                          |   |
|     | 83244                    | Garv W     | Navs Apt     | t. 177                                 |             |                          |   |
|     | Tonyak                   | erg        | CA           | 42158                                  | -3720       |                          |   |
| b   |                          | 150        |              |  |             |                          |   |
|     | 14-59490                 | 140        |              |  |             | U                        | 24.97  3 4.76  Employer use only 36  36  36  37  38  39  39  30  30  30  30  30  30  30  30 |
| 7   | Social securi            | ity tips   |              | 8 Alloca                               | ated tips   |                          |   |
|     | 138888.5                 | 5          |              |  | -           | 166026.33                |   |
| _   |                          |            |              | 40                                     |             | . b                      |   |
| 9   |                          | -oae       |              | 10 Depe                                | indent care |                          |   |
|     |                          |            |              |  |             | 500                      |   |
| 11  |                          | d plans    |              | 12a See i                              | nstruction  | s for box 12             |   |
|     | 285                      |            |              |  |             |                          |   |
| 14  | Other                    |            |              | 12h                                    |             |                          |   |
| 14  | Other                    |            |              |  |             |                          |   |
|     |                          |            |              |  |             |                          |   |
|     |                          |            |              | 13 Stat emp                            | Ret. Plan   | 3rd party sick pay       |   |
|     |                          |            |              |  | ×           | ×                        |   |
| e/f | Employees r              | name, addr | ess and ZIP  | code                                   |             |                          |   |
|     | David                    | Day        | -1           |  |             |                          |   |
|     |                          |            |              |  |             |                          |   |
|     |                          |            |              |  |             |                          |   |
|     | Jenser                   | ıbury      | AR           | 53079-                                 | 3470        |                          |   |
|     | 0                        |            |              |  |             |                          |   |
| 15  | State                    | F          | state ID no. | 16 Stat                                |             | ino ete                  |   |
| 13  | AL                       | 41-58-42   |              | 16 State wages, tips, etc.<br>75269.28 |             |                          |   |
|     |                          |            |              |  |             |                          |   |
| 17  | State incom              | ie tax     |              | 18 Loca                                | al wages, t |                          |   |
|     | 4530.22                  |            |              |  |             | 118489.79                |   |
| 19  | Local incon              | ne tax     |              | 20 Loca                                | ality name  |                          |   |
|     | 23581.76                 |            |              |  | ,           | Stokes Fort              |   |
|     |                          | Federal    |              | Filing                                 |             | Сору                     |   |
|     |                          |            | Wage         | and                                    | Tax         | -                        |   |
|     |                          |            |              |  |             |                          |   |
|     |                          |            |              | nt                                     |             | 0040                     |   |
| V   | V-2                      |            | Stateme      | nt                                     |             | 2018                     |   |

| 152880.37   37298.89   372988.89   372988.89   372988.89   372988.89   372988.89   372988.89   372988.89   372988.89     | 1 Wages, tips, other comp. |                                 |             | 2 Fede                          | ral income  |                   |  |  |  |  |  |
|---|----------------------------|---------------------------------|-------------|---------------------------------|-------------|-------------------|--|--|--|--|--|
| 13888.55   10624.97   10624.97   10624.97   10624.97   106026.33  |                            |                                 | 37298.89    |                                 |             |                   |  |  |  |  |  |
| 166026.33   | 3                          |                                 |             |                                 |             |                   |  |  |  |  |  |
| Control number   Dept   | 5                          | Medicare wages and tips         |             | 6 Medio                         | care tax wi | thheld            |  |  |  |  |  |
| 150   |                            | 166026.33                       |             |                                 |             | 4814.76           |  |  |  |  |  |
| 150   | d                          | Control number                  | Dept.       | Corp.                           |             | Employer use only |  |  |  |  |  |
| Lee-Williams Group   83244 Gary Ways Apt. 177   Tonyaberg   CA   42158-3720   | 569                        | 227                             |             |                                 |             |                   |  |  |  |  |  |
| B3244 Gary Ways Apt. 177   Tonyaberg  | С                          | Employer's name, address        | , and ZIP o | ode                             |             |                   |  |  |  |  |  |
| Tonyaberg   CA   42158-3720   |                            | Lee-Williams                    | Group       | ,                               |             |                   |  |  |  |  |  |
| b   Employer's FED ID number   14-5949040   |                            | 83244 Gary W                    | ays Ap      | ot. 17                          | 7           |                   |  |  |  |  |  |
| b   Employer's FED ID number   14-5949040   a   Employee's SSA number   14-5949040   a   Employee's SSA number   16-5949040   a   Employee's SSA number   16-5949040   a   Employee's SSA number   16-6026.33   a   16-6026.33     |                            | Tonvaberg                       | CA          | 421                             | 58-372      | 0                 |  |  |  |  |  |
| 14-5849040   0   7   Social security tips   18688.55   166026.33   16026.33   9   Verification Code   10   Dependent care benefits   300   11   Nonqualified plans   12a See instructions for box 12   285   1907   14   Other   12b   1.87   12d   1.405   1.26   12d   1.405   1.326   12d   1.405   1.326   1.405   1.326   1.405   1.326   1.405   1.326   1.405   1.326   1.405  |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| 14-5849040   0   7   Social security tips   18688.55   166026.33   16026.33   9   Verification Code   10   Dependent care benefits   300   11   Nonqualified plans   12a See instructions for box 12   285   1907   14   Other   12b   1.87   12d   1.405   1.26   12d   1.405   1.326   12d   1.405   1.326   1.405   1.326   1.405   1.326   1.405   1.326   1.405   1.326   1.405  |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| 7   Social security tips   13888.55   8   Allocated tips   166026.33     9   Verification Code   10   Dependent care benefits   300     11   Nonqualified plans   12a   See instructions for box 12   285     187       12c   | b                          | Employer's FED ID numbe         | r           | a Empl                          | oyee's SS   | A number          |  |  |  |  |  |
| 13888.55   166026.33   166026.33   3   Verification Code  |                            | 14-5949040                      |             |                                 |             | 0                 |  |  |  |  |  |
| 13888.55   166026.33   166026.33   3   Verification Code  |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| 9 Verification Code 0 10 Dependent care benefits 300 11 Nonqualified plans 285  12 See instructions for box 12  13 997  14 Other 12b 1397 12c 1325 12d 1205 | 7                          |                                 |             | 8 Alloc                         | ated tips   |                   |  |  |  |  |  |
| 11   Nonqualified plans   12a See instructions for box 12   |                            | 138888.55                       |             |                                 |             | 166026.33         |  |  |  |  |  |
| 11   Nonqualified plans   12a See instructions for box 12   | 9                          | Verification Code               |             | 10 Deno                         | endent car  | benefits          |  |  |  |  |  |
| 120   |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| 120   |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| 1   1907   187   126   187   126   187   126   187   126   187   127   187   128   187   128   187    | 11                         |                                 |             | 12a See instructions for box 12 |             |                   |  |  |  |  |  |
| 14 Other  |                            | 285                             |             |                                 |             |                   |  |  |  |  |  |
| 12c   |                            | 0.0                             |             | 401                             |             |                   |  |  |  |  |  |
| Table   Tabl  | 14                         | Other                           |             |                                 |             |                   |  |  |  |  |  |
| 13 State mp.  Ret. Plan.   3rd party sick pay   0   |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| eff Employees name, address and ZIP code  David Paul 738 Stewart Cliffs Suite 973 Jensenbury AR 53079-3470  15 State AL Employers' state ID no 16 State wages, tips, etc. 41-58-426 17 State income tax 4530.22 18 Local wages, tips, etc. 118499.79  19 Local income tax 23581.76 20 Locality name Stokes Fort  Wage and Tax  W-2 Statement 2018   |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| David Paul   738 Stewart Cliffs Suite 973   Jensenbury   AR   53079-3470   0   0   15   State   Employers state ID not 16   State wages, tips, etc.   41-58-426   18   Local wages, tips, etc.   17   State income tax   18   Local wages, tips, etc.   1849.79   19   Local income tax   20   Locality name   Stokes Fort   AL. State   Filling   Copy   Wage   and   Tax    |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| 738 Stewart Cliffs Suite 973  Jensenbury AR 53079-3470  0  15 State AL Employers' state ID no 16 State wages, tips, etc. 41-58-426  17 State income tax 4530.22  18 Local wages, tips, etc. 118499.79  19 Local income tax 23581.76  AL.State Filing Copy Wage and Tax  W-2 Statement  Wage Tax  V-2 Statement  Value 17849.79  Value 1849.79  Value 1849.79  Value 1849.79  Value 2018   | e/f                        | Employees name, address         | and ZIP or  | ode                             |             | -                 |  |  |  |  |  |
| 738 Stewart Cliffs Suite 973  Jensenbury AR 53079-3470  0  15 State AL Employers' state ID no 16 State wages, tips, etc. 41-58-426  17 State income tax 4530.22  18 Local wages, tips, etc. 118499.79  19 Local income tax 23581.76  AL.State Filing Copy Wage and Tax  W-2 Statement  Wage Tax  V-2 Statement  Value 17849.79  Value 1849.79  Value 1849.79  Value 1849.79  Value 2018   |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| Jensenbury  |                            | David Pau                       | 11          |                                 |             |                   |  |  |  |  |  |
| 15   State  |                            | 738 Stewart                     | Cliffs      | Suit                            | e 973       |                   |  |  |  |  |  |
| 15   State  |                            | Tongonhumu                      | 7.10        | E207                            | 0-2470      |                   |  |  |  |  |  |
| 15   State  |                            |                                 | AK          | 3307                            | 9-3410      |                   |  |  |  |  |  |
| AL 41-58-426 75269.28  17 State income tax 4530.22 18 Local wages, tips, etc. 118489.79  19 Local income tax 23581.76 20 Locality name Stokes Fort  AL. State Filing Copy Wage and Tax  W-2 Statement 2018  |                            | U                               |             |                                 |             |                   |  |  |  |  |  |
| AL 41-58-426 75269.28  17 State income tax 4530.22 18 Local wages, tips, etc. 118489.79  19 Local income tax 23581.76 20 Locality name Stokes Fort  AL. State Filing Copy Wage and Tax  W-2 Statement 2018  | 15                         | State Employers                 | state ID no | 16 Stat                         | e wages, t  | ins. etc.         |  |  |  |  |  |
| 4530.22 118489.79  19 Local Income tax 23581.76 20 Locality name Stokes Fort  AL. State Filing Copy Wage and Tax  W-2 Statement 2018  |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| 4530.22 118489.79  19 Local Income tax 23581.76 20 Locality name Stokes Fort  AL. State Filing Copy Wage and Tax  W-2 Statement 2018  | <u> </u>                   |                                 |             |                                 |             |                   |  |  |  |  |  |
| 19 Local income tax 23581.76 20 Locality name Stokes Fort  AL.State Filing Copy Wage and Tax  W-2 Statement 2018  | 17                         |                                 |             | 18 Loca                         | al wages, t |                   |  |  |  |  |  |
| AL.State Filing Copy Wage and Tax W-2 Statement 2018  | 1                          | 4530.22                         |             | l                               |             | 118489.79         |  |  |  |  |  |
| AL.State Filing Copy Wage and Tax W-2 Statement 2018  | 19                         | Local income tax                |             | 20 Loc                          | ality name  |                   |  |  |  |  |  |
| Wage and Tax W-2 Statement 2018   |                            |                                 |             | 20 200                          | anty name   | Stokes Fort       |  |  |  |  |  |
| Wage and Tax W-2 Statement 2018   |                            |                                 |             |                                 |             |                   |  |  |  |  |  |
| Wage and Tax W-2 Statement 2018   |                            | AL.State                        | )           | Filing                          |             | Сору              |  |  |  |  |  |
| W-2 Statement 2018  |                            |                                 | Wane        |                                 | Tay         |                   |  |  |  |  |  |
| VV-2 2018   | l                          |                                 |             |                                 | ıax         |                   |  |  |  |  |  |
|   | W                          | V-2                             | Siateme     | erit                            |             | 2018              |  |  |  |  |  |
| Copy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008  |                            |                                 | 0           | T D                             |             | _0.0              |  |  |  |  |  |
|   | Cop                        | y ∠ to be filed with employee's | State Inco  | me Tax Ret                      | urn         | UMB NO. 1545-0008 |  |  |  |  |  |

| 1        | 152880.37                     |                         |             |          | 37298.89                       |             |                    |    |  |  |
|----------|-------------------------------|-------------------------|-------------|----------|--------------------------------|-------------|--------------------|----|--|--|
| 3        |                               |                         |             |          | 4 Social security tax withheld |             |                    |    |  |  |
|          | 138888.55                     |                         |             | 10624.97 |                                |             |                    |    |  |  |
| 5        | Medicare wages                | 6 Medicare tax withheld |             |          |                                |             |                    |    |  |  |
|          | 166026.3                      | 3                       |             |          |                                |             | 4814.76            |    |  |  |
|          | Control number                |                         | Dept.       | Corp.    |                                |             | Employer use only  |    |  |  |
| 569<br>C | Employer's nam                | o addrose               | 150         | nde      | !                              |             | A                  | 36 |  |  |
| ľ        | Lee-Wi                        |                         |             |          |                                |             |                    |    |  |  |
|          |                               |                         |             |          |                                |             |                    |    |  |  |
|          |                               | _                       | Ways Ap     |          |                                |             |                    |    |  |  |
|          |                               | erg                     | CA          | 42       | 215                            | 8-372       | 0                  |    |  |  |
|          | 0                             |                         |             |          |                                |             |                    |    |  |  |
| b        | Employer's FED                | ID numbe                | ,           | a Fr     | nnlo                           | yee's SSA   | number             |    |  |  |
| ľ        | 14-59490                      |                         |             |          | p.o                            | ,           | 0                  |    |  |  |
|          |                               |                         |             |          |                                |             |                    |    |  |  |
| 7        | Social security t<br>138888.5 |                         |             | 8 All    | loca                           | ted tips    | 166026.33          |    |  |  |
|          | 138888.5                      | 5                       |             |          |                                |             | 166026.33          |    |  |  |
| 9        | Verification Cod              | 0                       |             | 10 D     | eper                           | ndent care  | benefits           |    |  |  |
|          | 0                             |                         |             |          |                                |             | 300                |    |  |  |
| 11       | Nonqualified pla              |                         |             | 120 0    | !-                             |             | s for box 12       |    |  |  |
|          | 285                           | 1115                    |             | 124 3    | ee III                         | istruction: | S IOI DOX 12       |    |  |  |
|          |                               |                         |             |          |                                |             | 3907               |    |  |  |
| 14       | Other                         |                         |             | 12b      |                                |             | 187                |    |  |  |
|          |                               |                         |             | 12c      |                                |             | <b>326</b><br>409  |    |  |  |
|          |                               |                         |             |          | emp.                           |             | 3rd party sick pay |    |  |  |
|          |                               |                         |             | 0        |                                | ×           | ×                  |    |  |  |
| e/f      | Employees nam                 | e, address              | and ZIP co  | ode      |                                |             |                    |    |  |  |
|          |                               | _                       |             |          |                                |             |                    |    |  |  |
|          | David                         | Pau                     | _           |          |                                |             |                    |    |  |  |
|          |                               |                         | Cliffs      |          |                                |             |                    |    |  |  |
|          | Jensen                        | bury                    | AR          | 530      | 79                             | -3470       |                    |    |  |  |
|          | 0                             |                         |             |          |                                |             |                    |    |  |  |
| 15       | State                         | F                       | state ID no | 40 0     | ****                           |             |                    |    |  |  |
| 15       |                               | 41-58-42                |             | 10 3     | otate                          | wayes, u    | 75269.28           |    |  |  |
|          |                               |                         |             |          |                                |             |                    |    |  |  |
| 17       | State income ta               | ıx                      |             | 18 L     | .ocal                          | wages, ti   |                    |    |  |  |
|          | 4530.22                       |                         |             |          |                                |             | 118489.79          |    |  |  |
| 19       | Local income to               | эx                      |             | 20 L     | ocal                           | lity name   |                    |    |  |  |
|          | 23581.76                      |                         |             |          |                                |             | Stokes Fort        |    |  |  |
| 1        |                               | 6 I                     | 1           |          |                                |             | 0                  |    |  |  |
|          | Ci                            | ty or Lo                | cal         |          |                                | _           | Сору               |    |  |  |
| 1        |                               |                         | Wage        |          | d                              | Tax         |                    |    |  |  |
| ۱۸       | <b>I-2</b>                    |                         | Stateme     | ent      |                                |             | 2018               |    |  |  |
|          | _                             |                         |             |          |                                |             |                    |    |  |  |
| Cop      | y 2 to be filed with          | employee's              | City or Loc | al Incon | ne T                           | ax Return   | OMB No. 1545-0008  |    |  |  |
|          |                               |                         |             |          |                                |             |                    |    |  |  |

2 Federal income tax withheld