		Employe	e l	Refe	erenc	е		Сору		
			Wage	a	ind	Tax				
۱۸	V-2		Statemen	nt				2018		
V	V-Z									
Сор	y C for employ	ee's records	5.				OME	No. 1545-0008		
	Control num	ber	Dept. 150	Con).			Employer use of		
868	4340		150				Α		3	36
С	Employer's I	name, addı	ess, and ZIP	code						
	Gibson	n and	Sons and	l Sc	ns					
	30950	Levin	Coves							
	East I	Donald	ourgh	NE	i	8782	23-8	930		
	0									
				Ra	tch			¥02021		
e/f	Employees i	name, addr	ess and ZIP	code						
	Willia	am	Delgado	•						
	034 M	ichell	Su	iite	572					
	North	Nicho	lasfort		NV	6	5074	-8118		
	0									
b	Employer's	FED ID nur	nber	a	Emplo	yee's SS	A num	ber		
	56-10727	708					581	-93-0165		
1	Wages, tips,	other com	n.	2	Feder	al income	tax w	ithheld		
	104958.1		-	ľ				18.97		
3	Social secur	ity wages		4	Social	security	tax wi	thheld		
	105618.2						807			
				-						
5	Medicare wa 127321.9		os	6	Medic	are tax w				
	127321.9	94					369	2.34		
7	Social secur			8	Alloca	ted tips				
	105618.2	25					127	321.94		
9	Verification (Code		10	Depe	ndent car		efits		
	0						117			
11	Nonqualifie	d plans		12a	See ii	nstruction	ns for b	oox 12		
	178							_		
14	Other			12b	N		547 740	5		
				12c			763			
				12d		Ret. Plan	388	arty sick pay		
				13 3	0 emp.	X X	Sid pe	0		
15	State		state ID no.	16	State	wages, t				
	NH	080-35-2	256				542	19.23		
17	State incon	ne tax		18	Loca	l wages,				
	3624.77						109	557.04		
19	Local incor	ne tax		20	Loca	lity name	,			
	20107.16	5		1			Haw	kins Wall		

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	137687	Social Security Tax Withheld	8079.8	NH.State Income Tax Box 17 of W-2	3624.77	
		Box 4 of W-2		Local Income Tax	20107.16	
				Box 19 of W-2		
Fed. Income	24648.97	Medicare Tax	3692.34			
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	Social Secu	r Medicare	NH.State Wages,	Hawkins Wall
	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	137686.96	1E+05	137687	137687	137687
Plus GTL (C-Box 12)	5475	5475	5475	5475	5475
Less 401(k) (D-Box 2) Less Other Café 125 Reported W-2 Wages	740 24648.97 104958.19	N/A 24648.97 104958.19	N/A 24648.97 104958.19	740 24648.97 104958.19	N/A 24648.97 104958.19
Nepolieu **-2 **ages	104000.10	104000.10	104000.10	104000.10	104000.10

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

William	Delgado		
034 Michell	e Cliffs	Suite	572
East Donald	burgh	NH	

Social Security Nu Taxable Marital St		581-93-016 MARRIED
Exemptions/Allow	ances:	
FEDERAL:	4	
STATE:	4	
LOCAL:		

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	Wages, tips, other con 104958.19	ip.	2 Federal income tax withheld 24648.97					
3	Social security wages 105618.25			4 Social security tax withheld 8079.8				
5	Medicare wages and ti	ps	6 I	Medic	are tax wi	thheld 3692.34		
d	Control number	Dept.	Corp	_		Employer u	co only	
	4340	150	Corp			A Employer u	36 Only	
c	Employer's name, add		code			••		
	Gibson and	So	ns					
	30950 Levin							
	East Donald	burgh	NH		8782	23-8930		
b	Employer's FED ID nu	nber	a I	Emplo	yee's SS	A number		
	56-1072708		1			0		
_			L_					
7	Social security tips 105618.25		8	Alloca	ted tips	127321.94		
9	Verification Code 0		10 Dependent care benefits 117					
11	Nonqualified plans		12a See instructions for box 12					
	178		.24	JUE 11	ion action	U 101 DUX 12		
				N		5475		
	Other		12b 740					
14	Other							
14	Ottlei		12c			763		
14	Other		12c 12d	et amn		763 388		
		ress and ZIP o	12c 12d 13 Sta	at emp.		763		
	Employees name, add William 034 Michell North Nicho	Delgado e Cliffs	12c 12d 13 Sta	ite	Ret. Plan ×	763 388 3rd party sick pay		
e/f	Employees name, add William 034 Michell North Nicho	Delgado e Cliffs lasfort	12c 12d 13 Sta code	ite NV	Ret. Plan ×	763 388 3rd party sick pay 0		
e/f	Employees name, add William 034 Michell North Nicho 0 State Employer	Delgado e Cliffs lasfort	12c 12d 13 Sta	ite NV	Ret. Plan × 572	763 388 3rd party sick pay 0 5074-8118 ips, etc. 54249.23		
e/f	Employees name, add William 034 Michell North Nicho 0 State Employer NH 80-35-2 State income tax	Delgado e Cliffs lasfort	12c 12d 13 Sta	ite NV State	Ret. Plan x	763 388 3rd party sick pay 0 0 0 0 0 74-8118 ips, etc. 54249.23 ips, etc.		
e/f	Employees name, add William 034 Michell North Nicho 0 State Employers 80-35-2 State income tax 3624.77 Local income tax	Delgado e Cliffs lasfort d'state ID no.	12c 12d 13 State 14 S	ite NV State	Ret. Plan x 572 65 e wages, t	763 388 3rd party sick pay 0 0 5074-8118 ips, etc. 54249.23 ips, etc. 109557.04		
e/f 15 17	Employees name, add William 034 Michell North Nicho 0 State Employee 0-35-2 0-35-2 State income tax 3624.77 Local income tax 20107.16	Delgado e Cliffs lasfort s'state ID no.	12c 12d 13 State 13 State 14 State 14 State 14 State 14 State 15 State 15 State 16 S	ite NV State	Ret Plan x 572 65 wages, t	763 358 3rd party sick pay 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

	Wages, tips, other comp. 104958.19	2 Fe	deral income	tax withheld 24648.97				
3	Social security wages 105618.25	4 Sc	4 Social security tax withheld 8079.8					
5		6 Me	dicare tax wit					
5	Medicare wages and tips 127321.94	6 Me	dicare tax wii	3692.34				
d	Control number	lept. Corp.		Employer use only				
	84340	150		A	36			
С	Employer's name, address,	and ZIP code						
	Gibson and So	ns and Sc	ns					
	30950 Levine	Coves						
	East Donaldbu	ırah NF	87	823-8930				
	0							
b	Employer's FED ID number	a En	ployee's SSA	A number				
	56-1072708			0				
7	Social security tips	8 All	ocated tips					
•	105618.25	o All	ocateu tips	127321.94				
9	Verification Code	10 D	ependent care					
	0			117				
11	Nonqualified plans	12a Se	e instruction	s for box 12				
-	178							
				5475				
14	Other	12b 12c		740				
		12d		388				
			mp. Ret. Plan	3rd party sick pay				
		0	×	0				
e/f	Employees name, address a	nd ZIP code						
	William I	elgado						
		-						
	034 Michelle							
	North Nichola	sfort	NV	65074-8118				
	0							
15	State Employers's	tate ID no 16 S	tato wagoe ti	ine ata				
13	NH 80-35-256	tate ID IIO IO 3	tate wayes, ti	54249.23				
17	State income tax	18 L	ocal wages, t					
	3624.77			109557.04				
19	Local income tax	20 L	ocality name					
	20107.16			Hawkins Wall				
				_				
	NH.State	Filin		Сору				
		Wage and	l Tax					
١,		tatement		2040				
v		tatement		2018				

3	Social security wages 105618.25		4 Social	security t	tax withheld 8079.8		
5	Medicare wages and tips		6 Medic	are tax wi	thheld		
	127321.94			3692.34			
	Control number	Dept.	Corp.		Employer use or		
C 868	4340 Employer's name, addres	150	ode		A	36	
-	Gibson and						
	30950 Levin			•			
	East Donald		NH	0.7	823-8930		
	East Donaid	burgn	NH	0/	023-0930		
	· ·						
b	Employer's FED ID numb	er	a Emplo	yee's SSA	A number		
	56-1072708				0		
7	Social security tips		8 Alloca	ted tips			
•	105618.25		· /41000	ica tipo	127321.94		
9	Verification Code		10 Depe		. b		
9	verification Code		10 рере	ndent care	117		
11	Nonqualified plans		12a See instructions for box 12				
	178		N		5475		
14	Other		12b	i	740		
			12c		763		
			12d 13 Stat emp.		388 3rd party sick pay		
			0	×	0		
e/f	Employees name, address	s and ZIP c	ode				
	William	Delga					
	034 Michelle Cliffs Suite 572						
	North Nicho	lasfor	t nv	,	65074-8118		
	0						
15	State Employer	s' state ID no	16 State	wages, ti	ips, etc.		
	NH 80-35-2	56			54249.23		
17	State income tax		18 Loca	I wages, t	ips. etc.		
	3624.77		109557.04				
19	Local income tax		20 Loca	lity name			
19	20107.16		20 LOCA	iity name	Hawkins Wall		
	City or Lo	ocal	Filing		Сору		
		Wage	and	Tax			
۱۸	1-2	Stateme	ent		2018		
•	. –				_0.0		
Cop	y 2 to be filed with employee	's City or Loc	al Income T	ax Return	OMB No. 1545-0008		