		Employe	e l	Refe	erenc	е		Сору			
			Wage	á	and	Tax					
١,	1 2		Statemen	ıt			-	2018			
W-2											
Cop	y C for employ	ee's records	S.				OME	3 No. 1545-0008			
	Control num	ber	Dept. 150	Con	D.			Employer use on	ly 36		
922	4645		150				A		36		
С	Employer's	name, addı	ress, and ZIP	code							
	Freema	an-Johi	nson PLC	:							
	2832 Robertson Passage Apt. 707										
	Joanna	aborou	gh ID		31	139-8	061				
	0										
				Ra	itch		1	#02021			
								.0202.			
e/f	Employees	name, addr	ess and ZIP	code							
	Rachae	el	Hodge								
	9528 1	Wolfe (Cove Sui	.te	406						
	Rober	4	1414	0-388	6						
	0										
b	Employer's FED ID number			a Employee's SSA number							
	52-75545	520					050	-30-2874			
1	Wages, tips,	other com	p.	2	Feder	al income	tax w	ithheld			
	227428.0						677	57.09			
3	Social secur	ity wages		4	Socia	I security	tax wi	thheld			
i	279661.							94.14			
				-							
5	Medicare wa 193358.0		os	6	Medic	are tax w		i 7.38			
	193358.1	,5					560	7.38			
7	Social secur			8	Alloca	ited tips					
	279661.	94					193	358.05			
9	Verification	Code		10	Depe	ndent ca		efits			
	0						286				
11	Nonqualified plans			12a	See i	nstruction	ns for b	oox 12			
	255				_			_			
14	Other			12b	J		336	5			
		Cities					973				
				12d		Ret. Plan	280	arty sick pay			
				13 3	0 O	X X	Siu pe	x			
15	State		state ID no.	16	State	wages,					
	MD	247-14-2	257				111	150.08			
17	State incon			18	Loca	ıl wages,					
	10046.6	3					287	652.36			
19	Local incor	ne tax		20	Loca	lity name	,				
	25375.2			1			Tho	mas Trail			

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	316579.3	Social Security Tax Withheld Box 4 of W-2	21394.14	MD.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	10046.63 25375.2
Fed. Income	67757.09	Medicare Tax	5607.38		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SUI/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	MD.State Wages,	Thomas Trail	
	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	316579.26	3E+05	316579.3	316579.3	316579.3	
Plus GTL (C-Box 12)	3365	3365	3365	3365	3365	
Less 401(k) (D-Box 2) Less Other Café 125 Reported W-2 Wages	218 67757.09 227428.03	N/A 67757.09 227428.03	N/A 67757.09 227428.03	218 67757.09 227428.03	N/A 67757.09 227428.03	

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

Rachael Hodge	Social Security Number: Taxable Marital Status:	050-30-2874 MARRIED
9528 Wolfe Cove Suite 406	Exemptions/Allowances: FEDERAL: 4 STATE: 4	_
Joannaborough ID 3	LOCAL:	

© 2018 ADP, LLC

1	Wages, tips, other	comp.	2 Federal income tax withheld 67757.09					
3	Social security was	201	4 Social security tax withheld					
	279661.94	100	- 50018	. Security t	21394.14			
5	Medicare wages an	d tins	6 Medic	are tax wit	thheld			
	193358.05				5607.38			
d	Control number	Dept.	Corp.		Employer use only			
922	4645	150			A 36			
С	Employer's name,	address, and ZIP	code	,				
	Freeman-J	ohnson PLC	:					
	2832 Robe			+ 707	,			
	Joannabor	ough ID	31	139-80	161			
	0							
b	Employer's FED ID	numbor	a Empl	oyee's SSA	\ number			
	52-7554520	number	a Ellipi	Jyee S 33F	O .			
	32 .334320				•			
7	Social security tips		8 Alloca	ited tips				
	279661.94				193358.05			
9	W		40 0		h			
y	Verification Code		10 Depe	ndent care	benefits 286			
	U				200			
11	Nonqualified plans		12a See i	nstruction	s for box 12			
	255							
			J		3365			
14	Other		12b		218			
			12c 12d		973 280			
			12d 13 Stat emp		280 3rd party sick pay			
			13 Stat emp	Ket Plan	ard party sick pay			
e/f	Employees name, a	ddress and ZIP						
	Rachael	Hodge						
	9528 Wolfe	e Cove Sui	te 406					
	Pohomto1-	nd 173	4414	0-2004				
	Robertsla	nd VA	4414	0-3886	i			
	Robertsla:	nd VA	4414	0-3886	i			
15	0	nd VA						
15	0	yers' state ID no.		0-3886 wages, ti				
15	State Emplo	yers' state ID no.	16 Stat	e wages, ti	ps, etc. 111150.08			
	0 State	yers' state ID no.	16 Stat		ps, etc. 111150.08 ips, etc.			
	State Emplo	yers' state ID no.	16 Stat	e wages, ti	ps, etc. 111150.08			
17	0 State Emplo 47-14 State income tax 10046.63	yers' state ID no.	16 State	e wages, ti	ps, etc. 111150.08 ips, etc.			
17	0 State	yers' state ID no.	16 State	e wages, ti	ps, etc. 11150.08 ips, etc. 287652.36			
	0 State	yers' state ID no.	16 State	e wages, ti	ps, etc. 111150.08 ips, etc.			
17	0 State	yers' state ID no. -257	16 State 18 Loca 20 Loca	e wages, ti	ps, etc. 111150.08 ips, etc. 287652.36			
17	0 State Emplo 47-14 State income tax 10046.63 Local income tax 25375.2	yers' state ID no. 257	16 State 18 Loca 20 Loca Filling	e wages, ti il wages, ti ility name	ps, etc. 11150.08 ips, etc. 287652.36			
17	0 State Emplo 47-14 State income tax 10046.63 Local income tax 25375.2	yers' state ID no. -257	16 State 18 Loca 20 Loca Filing	e wages, ti il wages, ti ility name	ps. etc. 111150.08 ps. etc. 287652.36 Thomas Trail Copy			
17	0 State Emplo 47-14 State income tax 10046.63 Local income tax 25375.2	yers' state ID no. 257	16 State 18 Loca 20 Loca Filing	e wages, ti il wages, ti ility name	ps, etc. 111150.08 ips, etc. 287652.36			
17 19	State MD 47-14 State income tax 10046.63 Local income tax 25375.2 Fede	eral Wage Stateme	16 State 18 Loca 20 Loca Filing and nt	a wages, ti al wages, ti ality name Tax	ps. etc. 111150.08 ps. etc. 287652.36 Thomas Trail Copy			

279661.94 0 0 0 0 0 0 0 0 0		227428.0	3					67757.	09		
19338.05 193388.05 193388.05 193388.05 193388.05 193388.05 193388.05 193388.05 193388.05 1	3										
19338.05 193388.05 193388.05 193388.05 193388.05 193388.05 193388.05 193388.05 193388.05 1	5	Medicare wages and tips									
Second S									18		
Second S	н	Control number		Dent	Com				Employer use only		
Employer's name, address, and ZIP code Freeman-Johnson PLC 2832 Robertson Passage Apt. 707 Joannaborough ID 31139-8061					Оогр				Employer doc only	36	
Freeman-Johnson PLC 2832 Robertson Passage Apt. 707 Joanaborough ID 31139-8061			o addross		ode						
2832 Robertson Passage Apt. 707 Joannaborough ID 31139-8061 b Employer's FED ID number 52-7554520 0 7 Social security tips 8 Allocated tips 279661.94 193358.05 9 Verification Code 0 10 Dependent care benefits 286 11 Nonoualified plans 12a See instructions for box 12 286 14 Other 12b 1218 1228 1280 138 usemplex Plan 1 340 party sick pay 2 1 3 365 15 Employees name, address and ZIP code Rachael Hodge 9528 Wolfe Cove Suite 406 Roberts land VA 44140-3886 15 State MD Employers' state ID no 16 State wages, tips, etc. 27152.36 17 State income tax 1 1046.63 20 Locality name 25375.2 Thomas Trail MD. State Filing Copy Wage and Tax W-2 Statement 2018	-										
Joannaborough ID 31139-8061											
b Employer's FED ID number a Employee's SSA number 0 0 0 0 0 0 0 0 0		2832 F	Roberts	son Pas	ssac	je A	pt. 7	07			
b Employer's FED ID number a Employee's SSA number 52-7554520 0 0 0 0 0 0 0 0 0		Joanna	borou	n II		3	1139-	8061			
1				•							
1											
Social security tips Social security tips Social security tips 193358.05	b	Employer's FED	ID numbe	r	a I	Emplo	vee's SS	A number			
279661.94 193358.05 9 Verification Code											
279661.94 193358.05 9 Verification Code											
9 Verification Code 0 10 Dependent care benefits 286 11 Nonqualified plans 255 12 See instructions for bx 12 25 J 3365 12 12.18 25 12.18 25 12.18 26 12.18 27 12.18 28 12.18 28 12.18 29 12.18 20 12.18	7				8 /	Alloca	ted tips				
11 Nonqualified plans 12a See instructions for box 12 3365 3 1385 12a		279661.9	4					193358	.05		
11 Nonqualified plans 12a See instructions for box 12 3365 3 1385 12a	_	V				n					
11 Nonqualified plans 12a See instructions for box 12 255 3 1 3365 12b 1 218 12c 12c 127 126 12 12c 126 12 12c 126 12 12c	9		е		10	Deper	ndent car		•		
14 Other		0						286			
14 Other	11	Nonqualified pla	ans		12a	See ir	struction	s for box	12		
12b 1216 1226 1973 1226 1973 1226 1973 1226 1980 1381 weep Ret. Pin 3rd patry sick pay x x x x x x x x x	•										
12c						J		3365			
12d 1280 138sterpol Ret. Plan 3rd party sick pay 0	14	Other						218			
State mp Ret. Plan 3rd party sick pay 0 x x 3rd party sick pay 1 3rd party sick pay 2 3rd party sic											
eff Employees name, address and ZIP code Rachael Hodge 9528 Wolfe Cove Suite 406 Roberts land VA 44140-3886 15 State MD Employees' state ID no 16 State wages, tips, etc. 17 State income tax 10 Local income tax 25375.2 Thomas Trail MD. State Filling Copy Wage and Tax W-2 Statement 2018											
### Rachael Hodge 9528 Wolfe Cove Suite 406 Robertsland VA 44140-3886 0 4110-3886 15 State ### Affiliation 16 State wages, tips, etc. 111150.08 17 State income tax											
Rachael Hodge 9528 Wolfe Cove Suite 406 Robertsland VA 44140-3886 15 State	- 14	Empleyees nem		and ZID a		J	×	نسا	ĸ		
9528 Wolfe Cove Suite 406 Robertsland VA 44140-3886 0 15 State MD Employers' state ID no 16 State wages, tips, etc. 111150.08 17 State income tax 10046. 43 20 Locality name 25375.2 20 Locality name 25375.2 Thomas Trail MD.State Filing Copy Wage and Tax W-2 Statement 2018	6/1	Lilipioyees hall	e, auui ess	and zir o	Jue						
9528 Wolfe Cove Suite 406 Robertsland VA 44140-3886 0 15 State MD Employers' state ID no 16 State wages, tips, etc. 111150.08 17 State income tax 10046. 43 20 Locality name 25375.2 20 Locality name 25375.2 Thomas Trail MD.State Filing Copy Wage and Tax W-2 Statement 2018		Pachae	.1	Hodge							
Robertsland				-			_				
15 State		9528 W	olfe (Cove St	ıi te	40	6				
15 State Employers' state ID no 16 State wages, tips, etc. 111150, 08		Robert	sland	VA		441	40-38	86			
MD		0									
MD											
17 State income tax	15				16	State	wages, t				
10046.63 287652.36 19 Localinome tax 25375.2 20 Locality name Thomas Trail MD.State Filing Copy Wage and Tax W-2 Statement 2018		MD	47-14-25	7				111150	.08		
10046.63 287652.36 19 Localinome tax 25375.2 20 Locality name Thomas Trail MD.State Filing Copy Wage and Tax W-2 Statement 2018	47	Ctata income to			40	Land	Lucana	tino ete			
19 Local income tax 25375.2 ADD.State Wage and Tax W-2 Statement W-2 Locality name Thomas Trail Copy Wage And Tax W-2 Locality name Thomas Trail ADD.State Thomas Trail	17				16	Luca	wayes,		36		
MD.State Filing Copy Wage and Tax W-2 Statement 2018		10040.63						20/052			
MD.State Filing Copy Wage and Tax W-2 Statement 2018	19	Local income to	ax		20	Local	lity name				
W-2 Wage and Tax Statement 2018					l *				Trail		
Wage and Tax Statement 2018											
Wage and Tax Statement 2018			MD.State	е	Fil	ing		Co	ppy		
W-2 Statement 2018						_	Tav				
VV-Z 2018						IG	ıax				
	W	I-2		Stateme	erić			20	118		
Copy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008	-	_						_	-		
	Cop	y 2 to be filed with	employee's	State Inco	me Ta	x Retu	ım	OMB No	. 1545-0008		

1	227428.0		2	reaer	ai income	67757.09				
3			4	Social	security t	ax withheld				
	279661.94				21394.14					
5	Medicare wages 193358.0		6	Medic	are tax wit	thheld 5607.38				
d	Control number	Dept.	Corp	١.		Employer use o	nly			
922	4645	150				A	36			
С		e, address, and ZIP of								
		in-Johnson Pl				•				
			ssage Apt. 707							
	Joanna	iborough II)	3	1139-	8061				
b	Employer's FED		а	Emplo	yee's SSA	A number				
	52-75545	20				0				
7	Social security t	ins	8	Alloca	ted tips					
•	279661.9			Alloca	teu tips	193358.05				
9	Verification Cod	A	10	Dene	ndent care	benefits				
	0	-				286				
11	Nonqualified pla	ans	12a	See in	nstructions	s for box 12				
	255									
14	0.11		12b	J		3365				
14	Other		12b 218 12c 973							
				12d 280						
			13 St	at emp.	Ret. Plan	3rd party sick pay				
				0	×	x				
e/f	Employees nam	e, address and ZIP c	ode							
	Rachae	el Hodge								
	9528 W	olfe Cove St	iit	e 40	16					
	Robert	sland VA		441	40-38	86				
	0									
15	State	Employers' state ID no	16	State	wages, ti	ns. etc.				
	MD	47-14-257	1.			111150.08				
17	State income to									
17	State income to 10046.63		18	Loca	I wages, ti	ps, etc. 287652.36				
	10040.03					207032.50				
19	Local income t 25375.2	ax	20	Loca	lity name	Thomas Trail				
	Ci	ty or Local	Fi	lina		Сору				
		Wage		-	Tax	17				
		Stateme			Iux					
W	/-2	Staterine	, IL			2018				
Сор	y 2 to be filed with	employee's City or Loc	al Inc	ome T	ax Return	OMB No. 1545-0008				

2 Federal income tax withheld