Employe	е	Reference	e	Сору	
	Wage	and	Tax		
W-2	Statemer	nt	-	2018	
VV-Z					
Copy C for employee's records			OME	No. 1545-0008	
d Control number	Dept.	Corp.		Employer use on	
5879264	150		A		36
c Employer's name, addr	ess, and ZIP	code	I.		
Ritter-Herna	ndez I	nc			
201 Massey C	liff				
East Christo	pherpoi	rt CO	87913-	8515	
0					
		Batch		¥02021	
		Dateii	,	7UZUZ I	
e/f Employees name, addr	ess and ZIP	code			
Kelly Cart	er				
416 Steven F	iollow				
Justinberg	WA	23918-	5921		
0					
b Employer's FED ID nun	her	a Emple	oyee's SSA num	ber	
34-2158111				-14-5913	
1 Wages, tips, other com		2 Fadas	al income tax w	in held	
113327.35	μ.	2 Feder		54.07	
0 01-11		4 0		0.1.11	
3 Social security wages 97682.06		4 Socia	I security tax wi	thheld 2.68	
5 Medicare wages and tip	s	6 Medic	are tax withheld	ı	
141716.01			410	9.76	
7 Social security tips		8 Alloca	ited tips		
97682.06			141	716.01	
9 Verification Code		10 Dene	ndent care bene	ofite	
0			234		
11 Nonqualified plans		122 Soo i	nstructions for b	nov 12	
220		124 3661	ilati detiona ioi i	JOX 12	
14 Other		12b	486	3	
14 Otner		12b	218		
		12d	241		
		13 Stat emp.		arty sick pay	
15 State Employers	state ID no.	16 State	x wages, tips, et	c.	
ОН 715-31-6				46.15	
17 State income tax		18 Loca	al wages, tips, et	ic.	
5687.77		.5 200		371.79	
19 Local income tax		20 Loca	lity name		
18590.32		20 LOCE		es Burgs	

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		Social Security Tax Withheld	7472.68	OH.State Income Tax Box 17 of W-2	5687.77
		Box 4 of W-2		Local Income Tax	18590.32
				Box 19 of W-2	
Fed. Income	21554.07	Medicare Tax	4109.76		
Tax Withheld		Withheld		SUI/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	OH.State Wages,	Jones Burgs
	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	142354.1	1E+05	142354.1	142354.1	142354.1
Plus GTL (C-Box 12)	4863	4863	4863	4863	4863
Less 401(k) (D-Box 2) Less Other Café 125	218 21554.07	N/A 21554.07	N/A 21554.07	218 21554.07	N/A 21554.07
Reported W-2 Wages	113327.35	113327.35	113327.35	113327.35	113327.35

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: 594-14-591
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

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1	Wages, tips, other comp. 113327.35			2 Federal income tax withheld 21554.07				
3			4 Soci					
	97682.06				7472.68			
5	Medicare wages and ti	os	6 Medi	icare tax wi	thheld			
	141716.01				4109.76			
d	Control number	Dept.	Corp.		Employer use only	٧		
587	79264	150			A	36		
С	Employer's name, add	ess, and ZIP	code					
	Ritter-Hern	andez Ir	ıc					
	201 Massey							
	_							
	East Christ	opherpor	t C	5 879	913-8515			
b	Employer's FED ID nur	nber	a Emp	loyee's SS/	A number			
	34-2158111		1 .		0			
7	Social security tips		8 Alloc	ated tips	141716 01			
	97682.06		1		141716.01			
9	Verification Code		10 Dep	endent care	e benefits			
	0				234			
11	Nonqualified plans		12a See instructions for box 12					
	220				4863			
14	Other		12b		218			
			12c	i	996			
			12d	- 1	241			
			13 Stat emp	p. Ret. Plan	3rd party sick pay			
			x	x	x			
e/f	Employees name, add	ess and ZIP	code					
	Kelly Car							
	-							
	416 Steven	Hollow						
	Justinberg	WA	23918	-5921				
	0							
-								
15	State Employers OH 15-31-6	state ID no.	16 Sta	te wages, ti	ips, etc. 54046.15			
	511 15-31-6	•	1		54040.13			
17	State income tax		18 Loc	al wages, t	ips, etc.			
	5687.77		1		142371.79			
10	Lead income to:		20 1	ality nav:				
19	Local income tax 18590.32		20 Loc	ality name	Jones Burgs			
	13390.32		1		comes purys			
	Federa		Filing		Сору			
	i cuciu		and	Tax	оор,			
		Wage		iax				
	V 2	Stateme	nt		2018			
v	V-2							
۷	V - Z by B to be filed with emplor		_					

1	Wages, tips, other comp.		2 Fede	ral income	tax withheld	
	113327.35				21554.07	
3	Social security wages 97682.06		4 Soci	al security	tax withheld 7472.68	
5	Medicare wages and tips		6 Med	care tax w	ithheld	
1	141716.01				4109.76	
d	Control number	Dept.	Corp.		Employer use only	
	9264	150	оогр.		A	36
С	Employer's name, address	s, and ZIP o	ode			
	Ritter-Hern	andez :	Inc			
	201 Massey	Cliff				
	East Christo	opherpo	ort	CO 8	7913-8515	
b	Employer's FED ID number	r	a Emp	loyee's SS	A number	
	34-2158111				0	
<u> </u>			l			
7	Social security tips 97682.06		8 Allo	ated tips	141716.01	
9	Verification Code		10 Dep	endent car	e benefits	
	•				-54	
11	Nonqualified plans		12a See	instruction	is for box 12	
	220				4060	
14	Other		12b		4863	
			12c		996	
			12d		241	
				p. Ret. Plan	3rd party sick pay	
e/f	Employees name, address	and 7ID o	x odo	×	×	
٠,,	Employees name, address	, unu 211 01	500			
	Kelly Car	ter				
	416 Steven I	Hollow				
	Justinberg	WA	2391	8-5921		
	0					
15	State Employers	state ID no	16 Sta	te wages, t	ips, etc.	
	ОН 15-31-67	70			54046.15	
17	State income tax		18 Loc	al wages,	tine etc	
l''	5687.77		IO LOC	ai wayes,	142371.79	
<u></u>						
19	Local income tax 18590.32		20 Loc	ality name	Jones Burgs	
	OH.Stat	е	Filing		Сору	
		Wage	and	Tax		
10		Stateme			0040	
V	/-2				2018	
Сор	y 2 to be filed with employee's	State Inco	me Tax Re	turn	OMB No. 1545-0008	
			-			

1	Wages, tips, other of	omp.	2 Feder	al income t	ax withheld 21554.07	
3	Social security wag 97682.06	4 Socia	4 Social security tax withheld 7472.68			
5	Medicare wages and 141716.01	d tips	6 Medic	are tax witl	hheld 4109.76	
d	Control number	Dept.	Corp.		Employer use only	
587	79264	150			A	36
С	Employer's name, a	ddress, and ZIP	code			
	Ritter-F	lernandez	Inc			
	201 Mass	ey Cliff				
	East Chr	istopherp	ort (0 87	7913-8515	
b	Employer's FED ID	number	a Emplo	yee's SSA		
	34-2158111				0	
7	Social security tips		8 Alloca	ted tips		
	97682.06				141716.01	
9	Verification Code		10 Depe	ndent care	benefits	
	0				234	
11	Nonqualified plans		12a See ii	structions	for box 12	
•	220					
14	Other		12b		4863 218	
	Other		12c		996	
			12d		241	
			13 Stat emp.		3rd party sick pay	
e/f	Employees name, a	ddrose and 7ID o	x odo	x	×	
e/i	Employees name, a	uuress anu zir c	oue			
	Kelly	Carter				
	416 Stev	en Hollow				
	Justinbe	ra WA	23918	-5921		
	0	-,				
15	State Fm		40 00-1			
15		ployers' state ID no 31-670	16 State	wages, tip	54046.15	
17	State income tax		18 Loca	l wages, tij		
	5687.77				142371.79	
19	Local income tax		20 Loca	lity name		
	18590.32				Jones Burgs	
			Filing		Сору	
	City	or Local				
	City	or Local Wage		Tax		
		Wage	and	Tax		
V	City (and	Tax	2018	