		Employe	e l	Refe	erenc	е		Сору	
			Wage	a	and	Tax			
١,	V-2		Statemen	it			9	2018	
V	V-Z								
Cop	y C for employ	ee's records	S.				OME	No. 1545-0008	
	Control num	ber	Dept. 150	Cor	р.		_	Employer use on	
229	4969		150				Α		36
С	Employer's	name, addı	ess, and ZIP	code	•				
	Ray a	nd Son	s and Sc	ns					
	4393	Choi C	rossroad	i					
	West 1	Michae!	lborough	ı Al	L 5	0556-	9334		
	0								
ı				R	atch		1	¥02021	
					20011		•	702021	
e/f	Employees	name, addr	ess and ZIP	code					
ı									
	Karl	Kenne	dy						
	5380 1	Willian	n Row Su	iite	e 45	5			
	Port '	Tammyp	ort VA	!	9896	5-449	9		
	0								
b	Employer's	FED ID nur	nber	а	Emple	oyee's SS	A num	ber	
	98-5711							-47-3034	
1	Wages, tips	other com	n	2	Feder	al income	tav w	ithhold	
Ů	236179.		ъ.	1		ui iiiooiiio		47.43	
3	Social secur			4	Casia	l security	4au	the old	
ı	186114.			1	Jucia	i security		37.79	
-				-					
5	Medicare wa		os	6	Medic	are tax w			
ı	279819.	31					8114	4.76	
7	Social secur			8	Alloca	ted tips			
	186114.	85					2798	819.31	
9	Verification	Code		10	Depe	ndent car	e bene	efits	
	0						175		
11	Nonqualifie	d plans		12a	See i	nstruction	ns for b	oox 12	
	144								
14	Other			12b			756	7	
	Other			12c			386		
				12d			433		
				13 S	itat emp.	Ret. Plan	3rd pa	arty sick pay 0	
15	State		state ID no.	16		wages, t		c.	
	WI	001-34-7	721				1251	122.58	
17	State incor	ne tax		18	Loca	l wages,	tips, et	ic.	
ı	7209.49			1				695.09	
19	Local inco	ne tax		20	Loca	lity name			
	42720.8			1~		,		mas Station	

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.

Gros	s Pay	311264.3	Social Security Tax Withheld	14237.79	WI.State Income Tax Box 17 of W-2	7209.49
			Box 4 of W-2		Local Income Tax	42720.82
					Box 19 of W-2	
Fed.	Income	60847.43	Medicare Tax	8114.76		
Tax \	Withheld		Withheld		SU/SD/FLI	
Box 2	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	WI.State Wages,	Thomas Station	
	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	311264.29	3E+05	311264.3	311264.3	311264.3	
Plus GTL (C-Box 12)	7567	7567	7567	7567	7567	
Less 401(k) (D-Box 2) Less Other Café 125	249 60847.43	N/A 60847.43	N/A 60847.43	249 60847.43	N/A 60847.43	
Reported W-2 Wages	236179.07	236179.07	236179.07	236179.07	236179.07	

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:	390-47-
Karl Kennedy	Taxable Marital Status:	MARRIE
initial inclinitial	Exemptions/Allowances:	
5380 William Row Suite 455	FEDERAL: 4	
	STATE: 4	
West Michaelborough AL	LOCAL:	

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1		Wages, tips, other comp. 236179.07			2 Federal income tax withheld 60847.43					
3	Social secur	ity wages		4 Socia	l security	tax withheld				
	186114.8	35			14237.79					
5	Medicare wa	ges and tips	5	6 Medi	care tax wi	ithheld				
	279819.3	31			8114.76					
d	Control num	ber	Dept.	Corp.	1	Employer use only				
229	94969		150				36			
С	Employer's I	name, addre	ss, and ZIP	code	•					
	Ray ar	nd Sons	and So	ne						
	-	Choi Cr								
	West N	Michael	borough	AL 5	0556-9	9334				
	0									
				,						
b	Employer's I		ber	a Emp	oyee's SS					
	98-57119	945				0				
7	Social secur	ity tine		8 Alloc	ated tips					
	186114.8			- Alloc	acou upo	279819.31				
		-		1						
9	Verification (Code		10 Dep	endent car	e benefits				
	0			1		175				
11	Nonqualifie	d plans		12a See	instruction	is for box 12				
	144			7567						
14	Other			12b		249				
	O.I.Idi			12c		386				
				12d 433						
				13 Stat emp	Ret. Plan	3rd party sick pay				
				0	0	0				
e/f	Employees i	name, addre	ss and ZIP of	code						
	Karl		-							
	5380 V	William	Row Su	ite 45	5					
	Port 7	rammypo	rt. VA	9896	5-4499	9				
	0			2020		•				
15	State	Employers'	state ID no.	16 Stat	e wages, t	ips, etc.				
	WI	01-34-721		1		125122.58				
17	State incon	ne tax		18 Loc	al wages, t					
	7209.49			240695.09						
19	Local incor	ne tax		20 Loc	ality name					
	42720 . 82			200	umy riailie	Thomas Station				
		Federal		Filing		Сору				
					Tax	17				
			Wage		· care					
v	V-2		Wage Stateme		·	2018				
-	V-2		Stateme	nt		2018 OMB No. 1545-0008				

1	Wages, tips, other comp. 236179.07	2 Federal income tax withheld 60847.43
3	Social security wages	4 Social security tax withheld
	186114.85	14237.79
5	Medicare wages and tips	6 Medicare tax withheld
	279819.31	8114.76
d	Control number D	ept. Corp. Employer use only
	4969	150 A 36
С	Employer's name, address, a	nd ZIP code
	Ray and Sons	and Sons
	4393 Choi Cro	ssroad
	West Michaelb	orough AL 50556-9334
	0	•
b	Employer's FED ID number	a Employee's SSA number
	98-5711945	0
7	Social security tips	8 Allocated tips
	186114.85	279819.31
9	Verification Code	10 Dependent care benefits
,	0	175
	-	
11	Nonqualified plans	12a See instructions for box 12
	144	
		7567
14	Other	12b 249
		12c 386 12d 433
		120 4.3.3 13 Stat emp. Ret. Plan 3rd party sick pay
		0 0 0 0
e/f	Employees name, address ar	
	Karl Kennedy	
	5380 William	Row Suite 455
	Port Tammypor	t VA 98965-4499
	0	
	· ·	
15		ate ID no 16 State wages, tips, etc.
	WI 01-34-721	125122.58
	04-4-1	40 1
17	State income tax 7209.49	18 Local wages, tips, etc.
	/209.49	240695.09
19	Local income tax	20 Locality name
	42720.82	Thomas Station
	·	
	WI.State	Filing Copy
	,	Vage and Tax
	,	
v	/-2 S	tatement 2018
-	V-2 y 2 to be filed with employee's S	2018

1	Wages, tips, other cor 236179.07	2 Federal income tax withheld 60847 . 43					
3	Social security wages 186114.85	4 Social security tax withheld 14237.79					
5	Medicare wages and t 279819.31	ips	6 Med	icare tax wi	thheld 8114.76		
d	Control number	Dept.	Corp.		Employer use only		
	4969	150			A	36	
С	Employer's name, add						
	Ray and S 4393 Choi						
	West Mich	no l borou	wh at	ENEEC	-0334		
	west Mich	aeiboiou	JII AL	30330	-9334		
b	Employer's FED ID no	ımber	a Emp	loyee's SSA	\ number		
	98-5711945				0		
7	Social security tips		8 Allo	ated tips			
′	186114.85		8 Allo	ated tips	279819.31		
9	Verification Code		10 Dep	endent care	benefits		
	0				175		
11	Nonqualified plans		12a Caa	Instruction	s for box 12		
	Nonqualified plans		12d 386	matruction	0 IUI DUX 12		
				1	7567		
14	Other		12b 249				
			12c 386				
			12d 433 13 Stat emp. Ret. Plan 3rd party sick pay				
			13 Stat em	p. Ret. Plan 0	O 0		
e/f	Employees name, add	iress and ZIP co					
	Karl Ken	nedy					
	5380 Will	iam Row S	Suite 455				
	Port Tamm	yport VA	98	965-44	99		
	0						
15		oyers' state ID no	16 Sta	te wages, ti			
	WI 01-3	4-721			125122.58		
17	State income tax		18 Lo	al wages, t	ins etc		
.,	7209.49		20	nu wayes, t	240695.09		
19	Local income tax 42720 . 82		20 Lo	ality name	Thomas Station		
	City or	Local	Filing		Copy		
	,	Wage	and		1.7		
		Stateme		IUX			
•	/-2				2018		
Cop	y 2 to be filed with emplo	yee's City or Loc	al Income	Lax Return	OMB No. 1545-0008		