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	4979	Ashley	Divide							
	Lake 1	Barbara	a MN	1 (	0387	7-985	8			
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b	Employer's	FED ID nun	nber	а	Emple	oyee's SS	A num	ber		
1	93-7573							-10-5767		
1	Wages, tips,	other com	n	2	Endor	al income	tav w	ithhold		
Ů	45393.42	2	μ.	1	i edei	ai ilicollie		79.35		
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5	Medicare wa	ages and tip	os	6	Medic	are tax w				
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	FL	060-53-1						17.93		
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"	1769.16	tax		"	Loca	rayes,		64.35		
	Leadle			-						
19	19 Local income tax 6331.04			20	Loca	lity name		nev Isle		

## 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	65359.47	Social Security Tax Withheld	3386.7	FL.State Income Tax Box 17 of W-2	1769.16
		Box 4 of W-2		Local Income Tax	6331.04
				Box 19 of W-2	
Fed. Income	16579.35	Medicare Tax	1299.66		
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	ur Medicare	FL.State Wages,	Stacey Isle
	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	65359.47	65359	65359.47	65359.47	65359.47
Plus GTL (C-Box 12)	8546	8546	8546	8546	8546
Less 401(k) (D-Box 2) Less Other Café 125	429 16579.35	N/A 16579.35	N/A 16579.35	429 16579.35	N/A 16579.35
Reported W-2 Wages	45393.42	45393.42	45393.42	45393.42	45393.42

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

Samantha Hill 4979 Ashley Divide Alexanderton AK Social Security Number: 441-10-576
Taxable Marital Status: MARRIED
Exemptions/Allowances: FEDERAL: 4
STATE: 4
LOCAL:

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	Wages, tips, other comp 45393.42	).	2 Federal income tax withheld 16579.35					
3	Social security wages		4 Social security tax withheld					
	44270.57		3386.7					
5	Medicare wages and tip	6 Medicare tax withheld						
	44816.0				1299.66			
d	Control number	Dept.	Corp.		Employer use only			
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c	Employer's name, addre		code	-				
	Gonzalez, Jo	hnson a		on LLC	:			
	5888 David F							
	Alexanderton	AK	6	3893-6	5825			
b	Employer's FED ID num	ber	a Empl	oyee's SS/	A number			
	93-7573518				0			
7	Social security tips		8 Alloca	ated tips				
	44270.57		44816.0					
9	Verification Code	10 Dependent care benefits						
	0	217						
11	Nonqualified plans		12a See instructions for box 12					
	170		n 1 0546					
14	Other		12b		8546 429			
14	Other		12D 12c		596			
			12d		247			
					3rd party sick pay			
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ел	Samantha 4979 Ashley Lake Barbara	Hill Divide MN	0387					
	State Employers'	state ID no.	16 State	e wages, ti	ips, etc.			
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15	FL 60-53-14	3			24317.93			
	FL 60-53-14	3	18 Loc:					
		3	18 Loca	al wages, t				
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17	State income tax 1769.16 Local income tax 6331.04	3	20 Loca	al wages, t	ips, etc. 44164.35 Stacey Isle			
17	State income tax 1769.16	Wage		al wages, t	ips, etc. 44164.35			
17	State income tax 1769.16 Local income tax 6331.04		20 Loca Filing and	al wages, t	ips, etc. 44164.35 Stacey Isle			

1	Wages, tips, other comp. 45393.42			2 Federal income tax withheld 16579.35					
3	Social security	wages		4 Social security tax withheld					
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5	Medicare wages	and tips		6 Medio	are tax wi	thheld			
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7	Social security	tips		8 Alloca	ted tips				
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3	Social security wages 44270.57				4 Social security tax withheld 3386.7				
5	Medicare wages and tips			6 Medicare tax withheld					
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				an	u cc	JIOII L	ьс		
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11	Nonqualified pla	ans		12a	See in	nstruction	s for box 12		
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15	State	Employers 60-53-14	state ID no	16	State	wages, ti	ps, etc. 24317.93		
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17	State income ta	ax		18	Loca	l wages, t			
	1769.16			44164.35					
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l			Stateme		ıııu	ıax			
M	<i>I</i> -2		Staterille	a IL			2018		
Сор	y 2 to be filed with	employee's	City or Loc	al In	come T	ax Return	OMB No. 1545-0008		
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