	[Employe	e f	Refe	erenc	е		Сору		
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e/f	Employees	name, addı	ess and ZIP of	ode						
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ı		-	Place Su	ite	a 45	2				
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b	Employer's	EED ID nur	nhor	a	Emple	yee's SS	A num	shor		
ľ	48-99128		iibei	a	Linbid	Jyee a GG		-03-2689		
1	Wages, tips,	ather com		2	Fadar	al income	402 22	ith hald		
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5	Medicare wa		os	6	Medic	are tax wi				
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11	Nonqualifie	plans		12a	See ii	nstruction	s for I	box 12		
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15	State	Employers 585-09-7	state ID no.	16	State	wages, t		tc. 14.75		
L				L						
17	State incon	ne tax		18	Loca	l wages, t		tc. 66.15		
	2227.38						504	00.13		
19	Local incom			20	Loca	lity name		hard Harb		

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	81046.21	Social Security Tax Withheld	4297.73	SD.State Income Tax Box 17 of W-2	2227.38
		Box 4 of W-2		Local Income Tax	12232.41
				Box 19 of W-2	
Fed. Income	12287.69	Medicare Tax	2251.78		
Tax Withheld		Withheld		SU/SD/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	ır Medicare	SD.State Wages,	Hubbard Harbor	
	Compensation Box 1 of W-2	Wages Wages Box 3 of W-2 Box 5 of W-2		Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2	
Gross Pay	81046.21	81046	81046.21	81046.21	81046.21	
Plus GTL (C-Box 12)	7225	7225	7225	7225	7225	
Less 401(k) (D-Box 2) Less Other Café 125	339 12287.69	N/A 12287.69	N/A 12287.69	339 12287.69	N/A 12287.69	
Reported W-2 Wages	64460.79	64460.79	64460.79	64460.79	64460.79	

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

Anthony Williams
5350 Moyer Place Suite 452
Andersonbury MO 22613-

Social Security Number: 647-03-268
Taxable Marrial Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

© 2018 ADP, LLC

1	Wages, tips, other cor 64460.79	np.	2 Fede	ral income	tax withheld 12287.69			
3	Social security wages		4 Soci	al security t	tay withhold			
•	56179.43		4297.73					
5	Medicare wages and t	ins	6 Med	icare tax wi	thheld			
	77647.69	-		Social security tax wife	2251.78			
н	Control number	Dept.	Com	т —	Employer use only			
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	Farrell Inc	and Son	•					
				•				
	53677 John	Path Sul	te 24.	2				
	Andersonbur	y MO 2	2613-	7256				
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b	Employer's FED ID nu	mber	a Emp	loyee's SS/				
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e/t	Employees name, add	iress and ZIP o	ode					
	Anthony W							
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	Trevorville	MD 971	56-89	99				
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17	State income tax 2227.38 Local income tax 12232.41	ıl Wage	20 Loo Filing and	cality name	50466.15 Hubbard Harbor			

1	Wages, tips, other comp. 64460.79			2 Federal income tax withheld 12287.69						
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	Anders	sonbury MO	22613	3-7256						
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b	Employer's FED	ID number	a Emi	ployee's SS	A number					
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e/t	Employees nam	e, address and ZIP	code							

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	5350 N	- Moyer Place	Suite	452						
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15	Trevo	-	97156-8	3999	ips, etc.					
15	Trevoi 0	rville MD	97156-8	3999	ips, etc. 30114.75					
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15	State SD	Employers' state ID	97156-8	3999	30114.75 ips, etc.					
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17	State SD State income to 2227.38	Employers' state ID 85-09-790	97156-8 no 16 Sta	3999 ate wages, t	30114.75 ips, etc. 50466.15					
17	State SD State income to 2227.38	Employers' state ID 85-09-790	97156-8 no 16 Sta	3999 ate wages, t	30114.75 ips, etc. 50466.15					
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1	Wages, tips, oth 64460.79		2	Feder	al income	tax withheld 12287.69			
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5	Medicare wages 77647.69		6	Medic	are tax wit	thheld 2251.78			
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		l Inc and So John Path Su			12				
		onbury MO							
	Anders	SOIDULY MO	22	013-	7250				
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b	Employer's FED	ID number	а	Emplo	yee's SSA	A number	_		
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7	Social security t		8	Alloca	ted tips				
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14	Other		12b			339			
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e/f	Employees nam	e. address and ZIP co	ode		×		_		
٠,	Employees nam	c, address and En or	Juc						
	Anthor	y Williams	3						
		Moyer Place S		te 4	152				
		ville MD 97							
	116401	.VIIIe MD 9	113	0-03	,,,				
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15	State	Employers' state ID no	16	State	wages, ti	ps. etc.			
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	C	ty or Local		iling	_	Сору			
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W	V-2	Stateme	ent			2018			
-	. –								
Cop	y 2 to be filed with	employee's City or Loc	al In	come T	ax Return	OMB No. 1545-0008			