		Employe	e l	Refe	erenc	е		Сору	
			Wage	a	and	Tax			
١,	V-2		Statemen	it				2018	
V	V-Z								
Cop	y C for employ		i.				OM	B No. 1545-0008	
d	Control numl	ber	Dept. 150	Cor	p.			Employer use on	nly 36
675	9320		150				Α		36
С	Employer's	name, addr	ess, and ZIP	code	,				
ı	Abbott	-Grego	ory LLC						
ı	02296	Wall 1	Island						
ı	Debora	ahborou	ıgh AF		461	11-90	54		
ı	0								
ı									
				Ва	atch			#02021	
e/f	Employees i	name, addr	ess and ZIP	code					
ı	Joseph		-						
ı			ills Apt						
ı		mouth	MN	962	241-	6398			
ı	0								
b	Employer's		nber	а	Emple	oyee's SS			
	71-06546	552					681	-83-2781	
1	Wages, tips,		p.	2	Feder	al income			
ı	177624.0	18					194	56.92	
3	Social secur	ity wages		4	Socia	I security	tax wi	ithheld	
	158171.7	16					121	00.14	
5	Madiana			6	Madia	are tax w	:444.01		
5	Medicare wa 131310.0		os	ь	meaic	are tax w		u 7.99	
							500		
7	Social secur			8	Alloca	ited tips	121	310.02	
9	Verification (	Code		10	Depe	ndent car			
ı	0						228		
11	Nonqualifie	plans		12a	See i	nstruction	ns for	box 12	
	166				FF		115	.7	
14	Other			12b			844		
				12c			490		
				12d		Ret. Plan	900 3rd p	arty sick pay	
					0	0		×	
15	State	Employers 249-09-0	state ID no.	16	State	wages,		tc. 45.38	
17	State incon	ne tax		18	Loca	ıl wages,		tc. 855.99	
	0298.44						1/8	033.33	
19	Local incor	ne tax		20	Loca	lity name		th Stream	

## 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.

			,			
Gr	oss Pay	209181.1	Social Security	12100.14	DE.State Income Tax	6298.44
			Tax Withheld		Box 17 of W-2	
			Box 4 of W-2		Local Income Tax	33563.1
					Box 19 of W-2	
Fee	d. Income	19456.92	Medicare Tax	3807.99		
Ta	x Withheld		Withheld		SU/SD/FLI	
Во	x 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	DE.State Wages,	Smith Stream	
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	
209181.14	2E+05	209181.1	209181.1	209181.1	
1157	1157	1157	1157	1157	
844 19456.92 177624.08	N/A 19456.92 177624.08	N/A 19456.92 177624.08	844 19456.92 177624.08	N/A 19456.92 177624.08	
	Compensation Box 1 of W-2 209181.14 1157 844 19456.92	Compensation Box 1 of W-2 Box 3 of W-2 209181.14 2E+05 1157 1157 844 N/A 19456.92 19456.92	Compensation         Wages         Wages           Box 1 of W-2         Box 3 of W-2 Box 5 of W-2           209181.14         2 ±+05         209181.1           1157         1157         1157           844         N/A         N/A           19456.92         19456.92         19456.92	Compensation Box 1 of W-2 Box 3 of W-2 Box 3 of W-2 Box 5 of W-2 Box 5 of W-2 Box 6 of W-2 Box 1 of W-2 Box 1 1157 1157 1157 1157 844 NA NA NA 844 1946.6 02 1946.6 02 1946.6 02 1946.6 02	

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

Joseph King	Social Security Number: Taxable Marital Status:	681-83-2781 MARRIED		
oosepii nang	Exemptions/Allowances:			
034 Casey Mills Apt. 303	FEDERAL: 4 STATE: 4			
Deborahborough AK 46	LOCAL:			

© 2018 ADP, LLC

1	Wages, tips, other con 177624.08	ip.	2 Feder	ai iiicome	tax withheld 19456.92		
3	Social security wages		4 Socia	I security	tax withheld		
	158171.76			12100.14			
5	Medicare wages and ti 131310.02	ps	6 Medic	are tax wi	thheld 3807.99		
d	Control number	In	0				
	Control number	Dept. 150	Corp.		Employer use only  A	36	
С	Employer's name, add		code				
	Abbott-Greg	orv LLC					
	02296 Wall	-					
	Deborahboro		461	11-905	54		
b	71-0654652	mber	a Emple	oyee's SS/	A number		
	/1-0004002				v		
7	Social security tips		8 Alloca	ted tips			
	158171.76				131310.02		
9	Verification Code		10 Depe	ndent care	e benefits		
	0				228		
11	Nonqualified plans		122 Soo i	netruction	e for hoy 12	se only 36.	
•••	166		12a See instructions for box 12				
			FF		1157		
14	Other		12b 12c		490		
			12c 12d		900		
			13 Stat emp.		3rd party sick pay		
			0	0	x		
e/f	Employees name, add	ress and ZIP of	ode				
	Joseph Ki	nα					
	034 Casey M	-	202				
	_	_	303 96241-				
	Harrismouth	MN	96241-	6398			
	0						
15		s' state ID no.	16 State	wages, ti			
15	State Employers		16 State	wages, ti	ips, etc. 91745.38		
15					91745.38		
	DE 49-09-0			e wages, ti	91745.38		
17	DE 49-09-03  State income tax 6298.44		18 Loca	nl wages, t	91745.38 ips, etc.		
	DE 49-09-0: State income tax 6298.44 Local income tax 33563.1	28	18 Loca 20 Loca		91745.38 ips, etc.		
17	DE 49-09-03 State income tax 6298.44 Local income tax	28	18 Loca	nl wages, t	91745.38 ips, etc. 178855.99		
17	DE 49-09-0: State income tax 6298.44 Local income tax 33563.1	28	18 Loca 20 Loca	nl wages, t	91745.38 ips, etc. 178855.99 Smith Stream		
17	DE 49-09-0: State income tax 6298.44 Local income tax 33563.1	28 I	18 Loca 20 Loca Filing and	al wages, t	91745.38 ips, etc. 178855.99 Smith Stream		

	Wages, tips, other con 177624.08	np.	2 Fede	rai income	tax withheld 19456.92					
3	Social security wages		4 Socia	I security t	ax withheld					
158171.76				12100.14						
5	Medicare wages and t	6 Medi	care tax wit	hheld						
	131310.02				3807.99					
d	Control number	Dept.	Corp.		Employer use only					
679	320	150			A	36				
С	Employer's name, add	lress, and ZIP of	ode	•						
	Abbott-Gregory LLC									
	02296 Wall Island									
	Deborahbo	rough 1	AK 4	6111-9	054					
	0									
b	Employer's FED ID nu	mber	a Empl	oyee's SSA	number					
	71-0654652				0					
7	0		8 Alloc	ated tips						
′	Social security tips 158171.76		8 Alloc	atea tips	131310.02					
	158171.76				131310.02					
9	Verification Code		10 Depe	endent care	benefits					
	0		228							
11	Nonqualified plans		12a See	instructions	s for box 12					
	166									
14	Other		FF   1157   12b   844							
14			120 12c							
			12d							
			13 Stat emp		3rd party sick pay					
			0	0	×					
e/f	Employees name, add	ress and ZIP of	ode							
	Joseph	King								
	034 Casey	Mills Ar	n+ 30	3						
	Harrismou	-		1-6398						
		tn MN	9624	1-6398						
	0									
15	State Emplo	yers' state ID no	46 6404	e wages, ti						
13		9-028	10 Stat	e wayes, u	91745.38					
17	State income tax		18 Loc	al wages, ti						
	6298.44				178855.99					
19	Local income tax 33563.1		20 Loc	ality name	0-112 01					
					Smith Stream					
	DE Stata		Filing		Conv					
	DE.State				Сору					
		Wage		and Tax						
		wage	ana	Idx						
١,	v 2	vvage Stateme		IdX	2010					
٧	V-2			Idx	2018					

1	Wages, tips, oth	or comp	2	Endor	al incomo	tay withhold			
	177624.08			2 Federal income tax withheld 19456.92					
3	Social security v		4	4 Social security tax withheld 12100.14					
5	Medicare wages		6	Medic	are tax wi	ithheld 3807.99			
_			_						
	Control number 320	Dept. 150	Cor	p.		Employer use only	36		
6/9 C		e, address, and ZIP of	ode			A	30		
•		-Gregory LL							
	02296	Wall Island							
	Debora 0	hborough	AK	46	111-9	054			
b	Employer's FED	ID number	а	Emplo	yee's SS.	A number			
	71-06546			•		0			
7	Social security t	ips	8	Alloca	ted tips				
	158171.7	6				131310.02			
9	Verification Cod	9	10	Dene	ndent car	e benefits			
	0	-		Боро	nacin car	228			
11	Nonqualified pla	ins	12a	See i	nstruction	is for box 12			
	166			FF		1 1157			
14	Other		12b			844			
			12c			490			
			12d			900			
			13 S	tat emp. 0	Ret. Plan 0	3rd party sick pay			
e/f	Employees nam	e, address and ZIP c	ode						
	Joseph	King							
	-	sey Mills A	ot	303	1				
		mouth MN			-6398				
	0	anouch in	_	02.11	. 0550				
15	State	Employers' state ID no	16	State	wages, t	ips. etc.			
	DE	49-09-028				91745.38			
17	State income to	ıx	18	Loca	l wages, t	tips, etc.			
	6298.44					178855.99			
19	Local income t	эх	20	Loca	lity name	Smith Stream			
			Ļ						
	Ci			iling	_	Сору			
		Wage		and	Tax				
W	<i>I</i> -2	Stateme	ent			2018			
Con	v 2 to be filed with	employee's City or Lo	al In	come T	ax Return	OMB No. 1545-0008			