|     |                          | Employe          | е            | Refe | erenc  | e            |               | Сору              |    |
|-----|--------------------------|------------------|--------------|------|--------|--------------|---------------|-------------------|----|
|     |                          |                  | Wage         | a    | and    | Tax          |               |                   |    |
| ١.  |                          |                  | Stateme      | nt   |        |              | _             | 040               |    |
| V   | V-2                      |                  |              |      |        |              | 4             | 2018              |    |
| Cop | y C for employ           | ee's records     | i.           |      |        |              | OME           | 3 No. 1545-0008   |    |
| d   | Control numl             | ber              | Dept.        | Cor  | p.     |              |               | Employer use only | V  |
| 630 | 554                      |                  | 150          |      |        |              | Α             |                   | 36 |
| С   | Employer's i             | amo addr         | nee and 715  | code |        | l            |               |                   |    |
| ٦   |                          |                  | Group        | coue | •      |              |               |                   |    |
|     |                          |                  | nez Sho      |      |        |              |               |                   |    |
|     |                          |                  |              |      |        | 00071        |               | -                 |    |
|     | Amanda                   | aborou           | gn .         | ID   |        | 82371-       | -631          | . /               |    |
|     |                          |                  |              |      |        |              |               |                   |    |
|     |                          |                  |              |      |        |              |               |                   |    |
|     |                          |                  |              | Ва   | atch   |              | 1             | #02021            |    |
| e/f | F                        |                  | I 71D        |      |        |              |               |                   |    |
| e/ī | Employees i              | name, addr       | ess and ZIP  | coae |        |              |               |                   |    |
|     |                          |                  |              |      |        |              |               |                   |    |
|     | Elizah                   |                  | Phil         | _    | 5      |              |               |                   |    |
|     |                          |                  | Apt.         |      |        |              |               |                   |    |
|     | Alyssa                   | abury            | NH           | 710  | 42-6   | 884          |               |                   |    |
|     | 0                        |                  |              |      |        |              |               |                   |    |
| b   | Employer's               | FED ID nun       | nber         | а    | Emple  | oyee's SS/   | A num         | ber               |    |
|     | 83-84236                 | 36               |              |      |        |              | 123           | -25-9294          |    |
| 1   | Wages, tips.             | other com        | n            | 2    | Feder  | al income    | tav w         | ithhold           |    |
| ľ   | 77452.82                 |                  | μ.           | -    | · cuci | ui iiiooiiio |               | 89.11             |    |
| 3   | 0                        |                  |              | 4    | 0 ' -  |              |               | a. t t. a         |    |
| 3   | Social secur<br>88282.45 |                  |              | 4    | Socia  | l security   |               | tnneia<br>3.61    |    |
|     |                          |                  |              |      |        |              |               |                   |    |
| 5   | Medicare wa              | ges and tip      | os           | 6    | Medic  | are tax wi   | thhelo        | i                 |    |
|     | 72494.52                 | 2                |              |      |        |              | 210           | 2.34              |    |
| 7   | Social secur             | ity tine         |              | 8    | Alloca | ited tips    |               |                   |    |
| ′   | 88282.45                 |                  |              | ľ    | Alloca | iteu ups     | 724           | 94.52             |    |
| L   |                          |                  |              | 1    |        |              |               |                   |    |
| 9   | Verification (           | Code             |              | 10   | Depe   | ndent care   | e bene<br>152 | etits             |    |
|     |                          |                  |              |      |        |              |               |                   |    |
| 11  | Nonqualified<br>172      | plans            |              | 12a  | See i  | nstruction   | s for t       | oox 12            |    |
|     | 172                      |                  |              |      | ĸ      |              | 943           | R                 |    |
| 14  | Other                    |                  |              | 12b  | ,      | i            |               | -                 |    |
|     |                          |                  |              | 12c  |        |              | 764           |                   |    |
|     |                          |                  |              | 12d  |        | Ret. Plan    | 481           | arty sick pay     |    |
|     |                          |                  |              | 1.00 | 0      | 0            | ord pa        | 0                 |    |
| 15  | State                    |                  | state ID no. | 16   | State  | wages, ti    |               |                   |    |
|     | ID                       | 227-93-1         | 143          |      |        |              | 375           | 32.83             |    |
| 17  | State incon              | State income tax |              |      | Loca   | ıl wages, t  | ips, et       | tc.               |    |
|     | 2775.2                   |                  |              |      |        | -            | 998           | 04.77             |    |
| 19  | Local incor              | no tay           |              | 20   | Loca   | lity name    |               |                   |    |
| .9  | LOCAL INCOL              | ile tax          |              | 120  | LUCE   | mry name     | m1            |                   |    |

## 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.

|              |          | · , · · · · · · · · · · · · · · · · · | p y     | ,,                                   |          |
|--------------|----------|---------------------------------------|---------|--------------------------------------|----------|
| Gross Pay    | 98095.54 | Social Security Tax Withheld          | 6753.61 | ID.State Income Tax<br>Box 17 of W-2 | 2775.2   |
|              |          | Box 4 of W-2                          |         | Local Income Tax                     | 12285.65 |
|              |          |                                       |         | Box 19 of W-2                        |          |
| Fed. Income  | 13889.11 | Medicare Tax                          | 2102.34 |                                      |          |
| 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         | ur Medicare              | ID.State Wages,             | Thomas Rue                                 |  |
|--|------------------------------|---------------------|--------------------------|-----------------------------|--|--|
|  | Compensation<br>Box 1 of W-2 | Wages<br>Box 3 of W | Wages<br>-2 Box 5 of W-2 | Tips, Etc.<br>Box 16 of W-2 | Local Wages,<br>Tips, Etc.<br>Box 18 of W2 |  |
| Gross Pay                                    | 98095.54                     | 98096               | 98095.54                 | 98095.54                    | 98095.54                                   |  |
| Plus GTL (C-Box 12)                          | 9438                         | 9438                | 9438                     | 9438                        | 9438                                       |  |
| Less 401(k) (D-Box 2)<br>Less Other Café 125 | 406<br>13889.11              | N/A<br>13889.11     | N/A<br>13889.11          | 406<br>13889.11             | N/A<br>13889.11                            |  |
| Reported W-2 Wages                           | 77452.82                     | 77452.82            | 77452.82                 | 77452.82                    | 77452.82                                   |  |

## 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: | 123- |
|--------------------------|-------------------------|------|
| Elizabeth Phillips       | Taxable Marital Status: | MAR  |
|                          | Exemptions/Allowances:  |      |
| 960 Sara Way Apt. 614    | FEDERAL: 4              | _    |
| Joo Bara may report or r | STATE: 4                |      |
| Amandaborough ID         | LOCAL:                  |      |

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| 1              | Wages, tips, other comp.<br>77452.82   | 1          | 2 Federal income tax withheld<br>13889.11 |             |   |    |  |  |  |
|----------------|--|------------|---|-------------|---|----|--|--|--|
| 3              | Social security wages  | -          | 4 Social security tax withheld            |             |   |    |  |  |  |
| -              | 88282.45   |            | 4 Social security tax withheld<br>6753.61 |             |   |    |  |  |  |
| 5              | Medicare wages and tips  |            | 6 Medicare tax withheld                   |             |   |    |  |  |  |
|                | 72494.52   |            | 2102.34                                   |             |   |    |  |  |  |
| d              | Control number Dec   | ıt (       | Corp.                                     |             | Employer use only                               |    |  |  |  |
|                | 0554   | 150        |   |             | Α   | 36 |  |  |  |
| С              | Employer's name, address,  | and ZIP co | ode                                       |             |   |    |  |  |  |
|                | Palmer-Keith G   | roup       |   |             |   |    |  |  |  |
|                | 74120 Martinez   | -          |   |             |   |    |  |  |  |
|                |  |            |   |             |   |    |  |  |  |
|                | Amandaborough  | II         | )   | 82371-      | 6317  |    |  |  |  |
|                | 0  |            |   |             |   |    |  |  |  |
| _              |  |            |   |             |   |    |  |  |  |
| b              | Employer's FED ID number<br>83-8423636   | i i        | a Emplo                                   | yee's SSA   |   |    |  |  |  |
|                | 03-0423036   |            |   |             | 0   |    |  |  |  |
| 7              | Social security tips   |            | B Alloca                                  | ted tips    |   |    |  |  |  |
|                | 88282.45   | l l        |   |             | 72494.52  |    |  |  |  |
|                |  |            |   |             |   |    |  |  |  |
| 9              | Verification Code  | ]1         | 10 Depe                                   | ndent care  |   |    |  |  |  |
|                | Ü  |            | 152                                       |             |   |    |  |  |  |
| 11             | Nonqualified plans   |            | 12a See instructions for box 12           |             |   |    |  |  |  |
|                | 172  |            |   |             |   |    |  |  |  |
|                |  |            | K   9438<br>12b   406                     |             |   |    |  |  |  |
| 14             | Other  |            | 12b                                       |             |   |    |  |  |  |
|                |  |            | 12c<br>12d                                |             |   |    |  |  |  |
|                |  |            | 12u<br>13 Stat emp.                       | Det Dies    | 481<br>3rd party sick pay                       |    |  |  |  |
|                |  | l'         | 0   | 0           | 0   |    |  |  |  |
| e/f            | Employees name, address  | and ZIP co |   |             |   |    |  |  |  |
|                |  |            |   |             |   |    |  |  |  |
|                | Elizabeth  | Philli     | .ps                                       |             |   |    |  |  |  |
|                | 960 Sara Way A   | pt. 61     | 4   |             |   |    |  |  |  |
|                | Alyssabury   | _          | 042-6                                     | 004         |   |    |  |  |  |
|                |  | NH /I      | .042-6                                    | 004         |   |    |  |  |  |
|                |  |            |   |             |   |    |  |  |  |
|                | 0  |            |   |             |   |    |  |  |  |
| 15             | State Employers' state   | e ID no. 1 | 16 State                                  | wages, ti   | ps, etc.  |    |  |  |  |
| 15             |  | e ID no. 1 | 16 State                                  | wages, ti   | ps, etc.<br>37532.83                            |    |  |  |  |
|                | State Employers' stat<br>ID 27-93-143  |            |   |             | 37532.83  |    |  |  |  |
|                | State  |            |   | wages, ti   | 37532.83<br>ips, etc.                           |    |  |  |  |
|                | State Employers' stat<br>ID 27-93-143  |            |   |             | 37532.83  |    |  |  |  |
| 17             | State  | 1          | 18 Loca                                   |             | 37532.83<br>ips, etc.                           |    |  |  |  |
| 17             | State Employers' stat<br>27-93-143<br>State income tax<br>2775.2                                 | 1          | 18 Loca                                   | l wages, t  | 37532.83<br>ips, etc.                           |    |  |  |  |
| 17             | State ID 27-93-143  State income tax 2775.2  Local income tax 12285.65                           | 1          | 18 Loca<br>20 Loca                        | l wages, t  | 37532 . 83<br>ips, etc.<br>99804 . 77           |    |  |  |  |
| 17             | State Employers' stat 27-93-143  State income tax 2775.2  Local income tax                       | 1          | 18 Loca                                   | l wages, t  | 37532 . 83<br>ips, etc.<br>99804 . 77           |    |  |  |  |
| 17             | State Employers' stat 27-93-143  State income tax 2775.2  Local income tax 12285.65  Federal     | 1          | 18 Loca<br>20 Loca                        | l wages, t  | 37532.83<br>ips, etc.<br>99804.77<br>Thomas Rue |    |  |  |  |
| 17             | State Employers' state 27-93-143  State income tax 2775.2  Local income tax 12285.65  Federal    | Vage       | 18 Loca<br>20 Loca<br>Filing<br>and       | I wages, ti | 37532.83<br>ips, etc.<br>99804.77<br>Thomas Rue |    |  |  |  |
| 15<br>17<br>19 | State Employers' state 1D 27-93-143  State income tax 2775.2  Local income tax 12285.65  Federal | 1          | 18 Loca<br>20 Loca<br>Filing<br>and       | I wages, ti | 37532.83<br>ips, etc.<br>99804.77<br>Thomas Rue |    |  |  |  |

| 3   Social security waves   4   Social security tax withheld   6733, 61   | 1 Wages, tips, other com<br>77452.82 | o.             | 2 Federal income tax withheld<br>13889.11 |                         |                   |  |  |  |  |  |
|---|--------------------------------------|----------------|---|-------------------------|-------------------|--|--|--|--|--|
| T2494.52  |                                      |                | 4 Socia                                   |                         |                   |  |  |  |  |  |
| 150   |                                      | s              | 6 Medio                                   |                         |                   |  |  |  |  |  |
| C   | d Control number                     | Dept.          | Corp.                                     | Corp. Employer use only |                   |  |  |  |  |  |
| Palmer-Keith Group  |                                      |                |   |                         | Α                 |  |  |  |  |  |
| T4120 Martinez Shores   Amandaborough   ID   82371-6317   |                                      |                |   |                         |                   |  |  |  |  |  |
| Amandaborough ID 82371-6317   |                                      |                |   |                         |                   |  |  |  |  |  |
| b   Employer's FED ID number   a   Employee's SSA number   83-8423636   0   0   0   0   0   0   0   0   0   |                                      |                |   |                         |                   |  |  |  |  |  |
| 83-8423636   0   0     7   Social security tips   8   2822.45   8   Allocated tips   72494.52     9   Verification Code   |                                      | ugh            | ID  | 8237                    | 1-6317            |  |  |  |  |  |
| 7   Social security tips   8   Allocated tips   72494.52     9   Verification Code   10   Dependent care benefits   152     11   Nonqualified plans   12a   See instructions for box 12   172   K   94.38     14   Other   12b   1406   12c   1764   12c   1764   12c   1764   135 tat employees name, address and ZIP code   Elizabeth   Phillips   960   Sara   Way   Apt   614   Alyssabury   NH   71042-6884   0   27-93-143   15   State income tax   127-93-143   18   Local wages, tips, etc.   2775.2   19   Local income tax   1285.65   ID. State   Filling   Copy   Wage   Apt   Apt   Copy   Wage   Apt   Copy   Wage   Apt   Copy   Copy   Copy   Wage   Apt   Copy    | b Employer's FED ID num              | ber            | a Empl                                    | oyee's SS               | A number          |  |  |  |  |  |
| 9   Verification Code   | 83-8423636                           |                |   |                         | 0                 |  |  |  |  |  |
| 9   Verification Code   | 7 Social eccurity tine               |                | 9 Alloc                                   | tod tine                |                   |  |  |  |  |  |
| 152   |                                      |                | o Alloca                                  | iteu tips               | 72494.52          |  |  |  |  |  |
| 172   K   |                                      |                | 10 Depe                                   |                         |                   |  |  |  |  |  |
| 14 Other  | 11 Nonqualified plans                |                | 12a See instructions for box 12           |                         |                   |  |  |  |  |  |
| 14 Other  | 172                                  |                | w 1.0420                                  |                         |                   |  |  |  |  |  |
| T2c   | 14 Other                             |                |   |                         |                   |  |  |  |  |  |
| 13 test amp.   Ret. Plan   3rd party sick pay 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 14 Guici                             |                |   |                         |                   |  |  |  |  |  |
| eff Employees name, address and ZIP code  Elizabeth Phillips 960 Sara Way Apt. 614 Alyssabury NH 71042-6884  15 State   Employers' state ID no 16   State wages, tips, etc. 27-93-143   17   State income tax 2775.2   18   Local wages, tips, etc. 2775.2   19   Local income tax 12285.65   20   Locality name 12285.65   ID.State   Filing   Copy   Wage   and   Tax   Statement   Tax   Tax |                                      |                |   |                         |                   |  |  |  |  |  |
| ### Employees name, address and ZIP code  ###################################   |                                      |                |   |                         |                   |  |  |  |  |  |
| 960 Sara Way Apt. 614 Alyssabury NH 71042-6884  15 State   Employers' state ID no 16   State wages, tips, etc. 37532.83  17 State income tax 2775.2   18 Local wages, tips, etc. 99004.77  19 Local income tax 12285.65   20 Locality name Thomas Rue   Thomas Rue   Wage and Tax   Wage and Tax   Statement   2018   | e/f Employees name, addr             | ess and ZIP c  |   | U                       |                   |  |  |  |  |  |
| Alyssabury NH 71042-6884    15   State  | Elizabeth                            | Phi:           | llips                                     |                         |                   |  |  |  |  |  |
| 15   State   Employers' state   D no   16   State wages, tips, etc.   27-93-143     17   State income tax   2775.2   18   Local wages, tips, etc.   99804.77     19   Local income tax   20   Locality name   Thomas Rue  | 960 Sara W                           | ay Apt.        | 614                                       |                         |                   |  |  |  |  |  |
| 17   State   Filing   Copy   Wage   and   Tax   Statement   Wage   Tax   Wage   Tax   Ta  |                                      | NH             | 71042                                     | -6884                   |                   |  |  |  |  |  |
| 2775.2 99804.77  19 Local income tax  |                                      |                |   |                         |                   |  |  |  |  |  |
| ID.State Filing Copy Wage and Tax W-2 Statement 2018  |                                      |                |   |                         |                   |  |  |  |  |  |
| Wage and Tax W-2 Statement 2018   |                                      |                |   |                         |                   |  |  |  |  |  |
| W-2 Statement 2018  | ID.Sta                               |                |   | Tax                     | Сору              |  |  |  |  |  |
| Copy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008  | W-2                                  |                | ent                                       |                         | 2018              |  |  |  |  |  |
|   | Copy 2 to be filed with employ       | e's State Inco | me Tax Ret                                | urn                     | OMB No. 1545-0008 |  |  |  |  |  |

| 1   | Wages, tips, other comp.<br>77452.82 |                        |             |  | 2 Federal income tax withheld<br>13889.11 |             |                   |          |          |    |  |
|-----|--------------------------------------|------------------------|-------------|--|---|-------------|-------------------|----------|----------|----|--|
| 3   | Social security wages                |                        |             |  | 4 Social security tax withheld            |             |                   |          |          |    |  |
|     | 88282.45                             |                        |             | 6753.61  |   |             |                   |          |          |    |  |
| 5   |                                      |                        |             |  | 6 Medicare tax withheld                   |             |                   |          |          |    |  |
|     | 72494.52                             |                        |             |  | 2102.34                                   |             |                   |          |          |    |  |
| d   | Control number                       |                        | Dept.       | Corp   | p.  |             |                   | Employer | use only |    |  |
|     | 554                                  |                        | 150         |  |   |             | Α                 |          |          | 36 |  |
| С   | Employer's nam                       |                        |             |  |   |             |                   |          |          |    |  |
|     |                                      | r-Keith<br>Martin      |             |  | •   |             |                   |          |          |    |  |
|     |                                      | aboroug                |             | ID   |   | 8237        | 1 _ 6 2           | 17       |          |    |  |
|     | Amanda                               | iboroug                | m           | עד   |   | 6237.       | 1-63              | 1,       |          |    |  |
|     | · ·                                  |                        |             |  |   |             |                   |          |          |    |  |
| b   | Employer's FED                       | ID number              | r           | а  | Emplo                                     | yee's SSA   | \ numb            | er       |          |    |  |
|     | 83-84236                             | 36                     |             |  |   | -           | 0                 |          |          |    |  |
| L   |                                      |                        |             | L  |   |             |                   |          |          |    |  |
| 7   | Social security t<br>88282 . 45      |                        |             | 8  | Alloca                                    | ted tips    | 72494             |          |          |    |  |
| 1   | 08282.43                             | ,                      |             |  |   |             | 12494             | 1.52     |          |    |  |
| 9   | Verification Cod                     | le                     |             | 10 Dependent care benefits<br>152                      |   |             |                   |          |          |    |  |
|     | 0                                    |                        |             |  |   |             |                   |          |          |    |  |
| 11  | Nonqualified pla                     | ane                    |             | 12a See instructions for box 12                        |   |             |                   |          |          |    |  |
|     | 172                                  | diis                   |             | 128 See ilisti uctions for box 12                      |   |             |                   |          |          |    |  |
|     |                                      |                        |             |  | K   | - 1         | 9438              |          |          |    |  |
| 14  | Other                                |                        |             | 12b   406  |   |             |                   |          |          |    |  |
|     |                                      |                        |             | 12c   764  |   |             |                   |          |          |    |  |
|     |                                      |                        |             | 12d   481<br>13 Stat emp. Ret. Plan 3rd party sick pay |   |             |                   |          |          |    |  |
|     |                                      |                        |             | 0 0 0  |   |             |                   |          |          |    |  |
| e/f | Employees nam                        | e, address             | and ZIP co  | ode  |   |             |                   |          |          |    |  |
|     |                                      |                        |             |  |   |             |                   |          |          |    |  |
|     | Elizab                               | eth                    | Phil        | llips  |   |             |                   |          |          |    |  |
|     | 960 Sa                               | ara Way                | Apt.        | 614  |   |             |                   |          |          |    |  |
|     | Alyssa                               | burv                   | NH          | 71   | 042-                                      | 6884        |                   |          |          |    |  |
|     | 0                                    | •                      |             |  |   |             |                   |          |          |    |  |
|     |                                      |                        |             | _  |   |             |                   |          |          |    |  |
| 15  | State                                | Employers'<br>27-93-14 |             | 16   | State                                     | wages, ti   | ps, etc.<br>37532 |          |          |    |  |
| Ĭ   | 1D                                   | 27-93-14               | 3           |  |   |             | 3/532             | . 83     |          |    |  |
| 17  | State income to                      | ax                     |             | 18   | Loca                                      | I wages, ti | ips, etc          |          |          |    |  |
| 1   | 2775.2                               |                        |             | 1  |   |             | 99804             | .77      |          |    |  |
| 19  | Local income t                       | 24                     |             | 20   | Loca                                      | lity name   |                   |          |          |    |  |
| 19  | 19 Local Income tax<br>12285.65      |                        |             |  | Loca                                      | mry mamile  | Thoms             | s Rue    |          |    |  |
| L   |                                      |                        |             |  |   |             |                   |          |          |    |  |
|     | Ci                                   | ity or Loc             | al          | Fi   | iling                                     |             | С                 | ору      |          |    |  |
| Ĭ   |                                      | -                      | a           | and  | Tax                                       |             |                   |          |          |    |  |
| ١., | Wage<br>Stateme                      |                        |             |  |   |             |                   | ~ 4 ~    |          |    |  |
| ٧   | V-2                                  |                        | Catonic     |  |   |             | 2                 | 018      |          |    |  |
| Con | v 2 to be filed with                 | emplovee's             | City or Loc | cal Income Tax Return OMB No. 1545-0008                |   |             |                   |          |          |    |  |
|     |                                      |                        |             |  |   |             |                   |          |          |    |  |