		Employe	е	Refe	erenc	e	(Сору			
			Wage	a	and	Tax					
۱۸	V-2		Stateme	ent			2	018			
V	V-Z						_				
Сор	y C for employ						OMB	No. 1545-000			
d	Control num	ber	Dept. 150	Con	D.		Α	Employer u	use only	36	
876	8627		150				А			36	
С	Employer's	name, addr	ess, and Zi	P code							
	Ramire	ez, Cha	ang and	l Car	rter	LLC					
	4889 1	Melissa	a Wall								
	New So	onyache	ester	I	RI 9	8876-	2113				
	0										
				R	itch		#	02021			
				D.	itori		"	02021			
e/f	Employees	name, addr	ess and ZII	P code							
	Sharo	n Crawi	ford								
	540 Le	ah Spi	ring								
	Coxche	ester	RI	03	3706	-2287					
	0										
b	Employer's	FED ID nun	nber	a	Emplo	oyee's SS	A numb	er			-
	75-7997							09-6671			
1	Wages, tips,	other com	<u> </u>	2	Endor	al income	tav wit	bhold			_
	155865.		μ.	1	i edei	ai ilicollie	4244				
3	Social secur			4	Casia	I security	400 111141	-bald			_
3	147354.4			*	Socia	Security	1127				
											_
5	Medicare wa		os	6	Medic	are tax w	ithheld				
	197680.	95					5732	.75			
7	Social secur	ity tips		8	Alloca	ited tips					-
	147354.	16					1976	80.95			
9	Verification	Code		10	Depe	ndent car	re benef	its			-
	0						160				
11	Nonqualifie	d nlane		12a	See ii	nstruction	ns for h	ny 12			
	212	a piano		1.20	000			- · · · ·			
14	Other			12b	нн		9372				_
14	Other			12b			275				-
				12d			676				
				13 S	tat emp.	Ret. Plan	3rd par	ty sick pay 0			
15	State	Employers	state ID no	. 16		wages,	tips, etc				
	WY	462-95-5	87				7219	6.23			
17	State incon	ne tax		18	Loca	ıl wages,	tips, etc				-
	3831.54			1.		. 3,		57.06			
19	Local incor	no tay		20	Loca	lity name					_
19	22006.04			20	LOCA	mry ridille		her Extens	sion		

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	209578.8	Social Security Tax Withheld Box 4 of W-2	11272.62	WY.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	3831.54 22006.04
Fed. Income	42440.57	Medicare Tax	5732.75		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SUI/SDI/FLI Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Secu Wages Box 3 of W-	r Medicare Wages 2 Box 5 of W-2	WY.State Wages, Tips, Etc. Box 16 of W-2	Heather Extension Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	209578.84	2E+05	209578.8	209578.8	209578.8
Plus GTL (C-Box 12)	9372	9372	9372	9372	9372
Less 401(k) (D-Box 2) Less Other Café 125	266 42440.57	N/A 42440.57	N/A 42440.57	266 42440.57	N/A 42440.57
Reported W-2 Wages	155865.65	155865.65	155865.65	155865.65	155865.65

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

| Sharon Crawford | Social Security Number: | 024-094 | Markite |

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1	Wages, tips, other comp. 155865.65	2 Federal income tax withheld 42440.57					
3	Social security wages 147354.46	4 Social security tax withheld 11272.62					
5	Medicare wages and tips	6 Medicare tax withheld					
	197680.95	5732.75					
d	Control number Dept.	Corp. Employer use only					
876	150						
С	Employer's name, address, and	ZIP code					
	Ramirez, Chang ar	nd Carter LLC					
	4889 Melissa Wall						
	New Sonyachester	RI 98876-2113					
	0						
b	Employer's FED ID number	a Employee's SSA number					
U	75-7997323	0					
		-					
7	Social security tips	8 Allocated tips					
	147354.46	197680.95					
9	Verification Code	10 Dependent care benefits					
,	0	160					
11	Nonqualified plans	12a See instructions for box 12					
	212						
14	Other	нн 9372 12b 266					
	Other	12c 275					
		12d 676					
		13 Stat emp. Ret. Plan 3rd party sick pay					
		х х 0					
e/f	Employees name, address and 2	ZIP code					
	Sharon Crawford						
	540 Leah Spring						
	Coxchester RI	03706-2287					
	0						
	0	40 00-4					
15	State Employers' state ID r						
15	State Employers' state ID r WY 62-95-587	no. 16 State wages, tips, etc. 72196.23					
15 17	WY 62-95-587 State income tax	72196.23 18 Local wages, tips, etc.					
	WY 62-95-587	72196.23					
17	WY 62-95-587 State income tax 3831.54	72196.23 18 Local wages, tips, etc. 129257.06					
	WY 62-95-587 State income tax 3831.54 Local income tax	72196.23 18 Local wages, tips, etc.					
17	WY 62-95-587 State income tax 3831.54	72196.23 18 Local wages, tips, etc. 129257.06 20 Locality name					
17	WY 62-95-587 State income tax 3831.54 Local income tax	72196.23 18 Local wages, tips, etc. 129257.06 20 Locality name Heather Extension					
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17	WY 62-95-587 State income tax 3831.54 Local income tax 22006.04 Federal Wag	72196.23 18 Local wages, tips, etc. 129257.06 20 Locality name Heather Extension Filling Copy pand Tax					
17	WY 62-95-587 State income tax 3831.54 Local income tax 22006.04 Federal	72196.23 18 Local wages, tips, etc. 129257.06 20 Locality name Reather Extension Filing Copy ge and Tax					

1 Wages, tips, other comp. 155865.65			2 Federal income tax withheld 42440.57							
3 Social security wages			4 Social security tax withheld							
147354.46			4 Social security tax withheld 11272.62							
5 Medicare wages and tips			6 Medicare tax withheld							
•	197680.95			5732.75						
d	Control number		Dept.	Corp.		Employer use only				
_	8627		150	Corp.		A Employer use only	36			
C	Employer's nam	o addross		ode		^	30			
•										
	Ramirez, Chang and Carter LLC									
	4889 Melissa Wall									
	New Sc	onyache	ster	RI	98876	-2113				
	0	-								
b	Employer's FED	ID number	r	a Emple	oyee's SS/	A number				
	75-79973	323				0				
7	Social security t			8 Alloca	ited tips					
	147354.46			197680.95						
9	Verification Cod	e		10 Depe	ndent care	benefits				
-	0	-		Dope	var	160				
11	Nonqualified plans		12a See instructions for box 12							
	212									
	0.0			12b		9372				
14	Other				266					
					275 1 676					
				12 U 13 Stat emp.		3rd party sick pay				
				x	×	0				
e/f	Employees nam	e, address	and ZIP co			•				
	Sharor	n Crawf	ord							
			ina							
	540 Le	-	-	00-		-				
	Coxche	-	RI	0370	06-228	7				
		-	-	0370	06-228	7				
15	Coxche 0	ester	RI							
15	Coxche 0 State	-	RI state ID no							
15	Coxche 0 State	ester Employers	RI state ID no			ips, etc.				
15	Coxche 0 State WY State income to	Employers'	RI state ID no	16 State		ips, etc. 72196.23				
	Coxche 0 State WY	Employers'	RI state ID no	16 State	e wages, ti	ips, etc. 72196.23				
17	Coxche 0 State WY State income to 3831.54	Employers' 62-95-58	RI state ID no	16 State	e wages, ti	ips, etc. 72196.23				
	Coxche 0 State WY State income to 3831.54 Local income to	Employers' 62-95-58 ax	RI state ID no	16 State	e wages, ti	ips, etc. 72196 . 23 ips, etc. 129257 . 06				
17	Coxche 0 State WY State income to 3831.54	Employers' 62-95-58 ax	RI state ID no	16 State	e wages, ti	ips, etc. 72196.23				
17	State WY State income tr 3831.54 Local income tr 22006.04	Employers' 62-95-58	RI state ID no	16 State 18 Loca 20 Loca	e wages, ti	ips, etc. 72196.23 ips, etc. 129257.06				
17	State WY State income tr 3831.54 Local income tr 22006.04	Employers' 62-95-58 ax	RI state ID no	16 State 18 Loca 20 Loca Filling	e wages, ti	ips, etc. 72196 . 23 ips, etc. 129257 . 06				
17	State WY State income tr 3831.54 Local income tr 22006.04	Employers' 62-95-58	RI state ID no	16 State 18 Loca 20 Loca Filling	e wages, ti	ips, etc. 72196.23 ips, etc. 129257.06				
17	Coxche 0 State WY State income to 3831.54 Local income to	Employers' 62-95-58 ax	RI state ID no	16 State 18 Loca 20 Loca Filling and	e wages, ti	ps, etc. 72196.23 jps, etc. 129257.06 Reather Extension				
17	State WY State income tr 3831.54 Local income tr 22006.04	Employers' 62-95-58 ax	RI state ID no	16 State 18 Loca 20 Loca Filling and	e wages, ti	ips, etc. 72196.23 ips, etc. 129257.06				

1	Wages, tips, other comp. 155865.65			2 Federal income tax withheld 42440.57					
3	Social security wages 147354.46			4 Social security tax withheld 11272.62					
5	Medicare wages 197680.9		6	6 Medicare tax withheld 5732.75					
	Control number 8627	Dept. 150	Corp	Э.		Employer use only	36		
c		e, address, and ZIP	ahor		-		-		
	Ramire	z, Chang an		arte	er LLC	:			
	4889 N	Melissa Wall							
	New So	onyachester		RI	98876	-2113			
b	Employer's FED 75-79973		а	Emplo	oyee's SS	A number 0			
7	Social security t		8	Alloca	ited tips	197680.95			
9	Verification Cod	e	10	Depe	ndent car	e benefits			
	0	•		Бере	ndent out	160			
11	Nonqualified plans 212			12a See instructions for box 12					
			_	HH		9372			
14	Other		12b			266			
			12c			275			
			12d			676			
			13 S	at emp.	Ret. Plan x	3rd party sick pay 0			
e/f	Employees nam	e, address and ZIP of	ode						
	Sharor	Crawford							
	540 Le	ah Spring							
	Coxche	ster RI		0370	16-228	7			
	0								
15	State	Employers' state ID n	16	State	wages, t				
	WY	62-95-587				72196.23			
17	State income ta		18	Loca	l wages,	tine etc			
	3831.54			2000	ii wagoo,	129257.06			
19	Local income t 22006.04		20	Loca	lity name	Heather Extension			
	Ci	ty or Local	Fi	ling		Сору			
		Wage		ınd	Tax				
W	/-2	Statem				2018			
Con	v 2 to be filed with	employee's City or Lo	cal In	ome T	ax Return	OMB No. 1545-0008			
	, = mou with	only or Lo							