	-	Employe	e l	Refe	erenc	e		Copy		
			Wage	a	and	Tax		.,		
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d	Control numl		Dept.	Corr)			Employe	r use only	
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	Port I	Heather	mD.		053	40-74	98			
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e/f	Employees i	name, addr	ess and ZIP	code						
	Anna	Fran	nklin							
	151 Lo	owe Co	rners							
		Felic:	iaport	C)R	44	683	-5855		
	0									
b	Employer's	FED ID nur	nber	а	Emplo	oyee's SS	SA nu	mber		
	83-80095							5-78-8270		
1	Wages, tips,			2	Fadas	al incom				
'	65363.95		μ.	2	reuei	ai incom		999.76		
3	Social secur 62877 . 83			4	Socia	I security		vithheld 10.15		
	02077.03	•						10.15		
5	Medicare wa	iges and tip	os	6	Medic	are tax w	/ithhe	ld		
	57563.05	5					16	69.33		
7	Social secur	ity tine		8	Alloca	ted tips				
′	62877.83				AIIUU	iteu tips	57	563.05		
L				L_						
9	Verification 0			10	Depe	ndent ca	re bei 15			
11	Nonqualifie	d plans		12a	See i	nstructio	ns for	box 12		
	254				BB		41	50		
14	Other			12b			1 32			
				12c			75			
				12d		Ret. Plan	1 45	party sick pay		
					0	×	J.C.	0		
15	State		state ID no.	16	State	wages,				
	IL	047-45-2	169	1			33	583.42		
17	State incon	ne tax		18	Loca	ıl wages,				
	2948.9						78	747.45		
19	Local incor	ne tax		20	Loca	lity name	9			
	9985.11			1	2000	,		ura Dale		

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	83173.86	Social Security Tax Withheld	4810.15	IL.State Income Tax Box 17 of W-2	2948.9
		Box 4 of W-2		Local Income Tax Box 19 of W-2	9985.11
				BOX 19 OF W-2	
Fed. Income	12999.76	Medicare Tax	1669.33		
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	IL.State Wages,	Laura Dale
	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	83173.86	83174	83173.86	83173.86	83173.86
Plus GTL (C-Box 12)	4150	4150	4150	4150	4150
Less 401(k) (D-Box 2) Less Other Café 125	323 12999.76	N/A 12999.76	N/A 12999.76	323 12999.76	N/A 12999.76
Reported W-2 Wages	65363.95	65363.95	65363.95	65363.95	65363.95

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

Anna Franklin		Social Security Number: Taxable Marital Status:	515-78-8270 MARRIED
151 Lowe Corners		Exemptions/Allowances: FEDERAL: 4 STATE: 4	_
Port Heather MD	05	LOCAL:	

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1	Wages, tips, other comp. 65363.95			2	Feder	ral income	1299		
3	Social security wages 62877.81			4	4 Social security tax withheld 4810.15				
5	Medicare wages and tips 57563.05			6	Medic	are tax w	ithheld 1669	.33	
d	Control numi	ber	Dept.	Cor	p.			Employer use o	nly
	52093		150				Α		36
С	Employer's I	name, addı	ess, and ZIP	code	•				
	Jimene	z, Wh:	ite and	Dye	er P	LC			
	483 Cl	nristi	ne Ridge	s					
		leathe	_		053	40-74	98		
b	Employer's	FED ID nur	nber	а	Empl	oyee's SS	A numb	per	
	83-80095	67		1			0		
7	Social secur	itu tima			Allee	ated tips			
,	62877.81			8	Alloca	atea tips	5756	3.05	
9	Verification (Code		10	10 Dependent care benefits 154				
•	0			١.٠					
				1					
11	Nonqualified 254	d plans		12a	12a See instructions for box 12				
	254				вв		I 4150		
14	Other			12b			323		
				12c			757		
				12d			453		
				13 S	tat emp	Ret. Plan	3rd pa	rty sick pay 0	
e/f	Employees i	name, addı	ess and ZIP	code	U	x		v	
		,							
	Anna	Fran	nklin						
	151 La	we Co	ners						
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	U								
15	State		state ID no.	16	Stat	e wages,			
	IL	47-45-26	19				3358	3.42	
17	State incom	ne tay		18	Loc	al wages,	tine of		
	2948.9	State income tax 2948.9			2000	uyes,	7874		
	Local incor	ne tax		20	Loca	ality name			
19	9985.11						Laur	a Dale	
19				F	iling		(Сору	
19		Federal							
19		Federa			and	Tax			
19		Federal	Wage	á	and	Tax	_	040	
19 V	V-2	Federal		á	and	Tax	2	018	

1	Wages, tips, oth 65363.95		2 Fe	deral income	tax withheld 12999.76	
3	Social security		4 So	cial security	tay withhold	
-	62877.81		- 30	on security	4810.15	
5	Medicare wages		6 Me	dicare tax wi		
-	57563.05			tux ***	1669.33	
d	Control number	Dept.	Corp.		Employer use only	
	2093	150	осър.		A	36
С	Employer's nam	e, address, and ZIP of	ode			
	Jimene	z, White and	1 Dve	r PI.C		
		ristine Rid	-			
		leather MI		05340-7	400	
	POIL	ieather Mi	,	05340-7	496	
	U					
b	Employer's FED	ID number	a Em	ployee's SS	A number	
	83-80095			. ,	0	
7	Social security t		8 All	ocated tips		
	62877.81	•			57563.05	
9	Verification Cod	e	10 De	pendent car	e benefits	
-	0	-			154	
11	Nonqualified pl	ans	12a Se	e instruction	is for box 12	
	254		В		4150	
14	Other		12b		323	
			12c		757	
			12d		453	
				mp. Ret. Plan		
e/f	F1	e. address and ZIP or	0	×	0	
e/i	Employees nam	ie, address and zir ci	oue			
	Anna	Franklin				
	151 Lo	we Corners				
		Feliciaport	_	R 4	4683-5855	
	NOT CII	reliciapoit		. 4	4003-3033	
	U					
15	State	Employers' state ID no	16 S	ate wages, t	ips, etc.	
	IL	47-45-269			33583.42	
17	State income to		18 L	ocal wages, t	Maria and	
17	State income to 2948.9	ax	18 L	ocai wages, t	78747.45	
	2340.9					
19	Local income t	ax	20 L	cality name		
	9985.11		l		Laura Dale	
		11. 01-11-			0	
		IL.State	Filin		Сору	
		Wage	and	Tax		
	_	Stateme	ent		2040	
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٧	<i>I</i> -2				2018	

1	Wages, tips, oth 65363.95		2 Federal income tax withheld 12999.76				
3			4 Social security tax withheld				
3	62877.81		4 Social security tax withheld 4810.15				
5	Medicare wages	and tips	6 Medicare tax withheld				
	57563.05		1669.33				
d	Control number	Dept.	Corp. Employer use only				
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	Jimene	z, White a	nd Dyer PLC				
	483 Ch	ristine Ric	dges				
		leather 1	MD 05340-7498				
	0						
b	Employer's FED	ID number	a Employee's SSA number				
	83-80095		0				
			·				
7	Social security t		8 Allocated tips				
	62877.81		57563.05				
9	Verification Cod	e	10 Dependent care benefits				
	0		154				
11	Nonqualified pla	ans	12a See instructions for box 12				
	254		BB 4150				
14	Other		12b 323				
			12c 757				
			12d 453				
			13 Stat emp. Ret. Plan 3rd party sick pay 0				
e/f	Employees nam	e, address and ZIP					
	Anna	Franklin					
	151 Lo	we Corners					
	North	Feliciaport	t OR 44683-5855				
	0	_					
			Tea and the second seco				
15	State	Employers' state ID (47-45-269	no 16 State wages, tips, etc. 33583.42				
	110	47-45-209	33363.42				
17	State income to	ax	18 Local wages, tips, etc.				
	2948.9		78747.45				
19	Local income t	2	20 Locality name				
	9985.11	a.x	Laura Dale				
	9905.11						
		ty or Local	Filing Copy				
	Ci	Wage	e and Tax				
V			e and Tax				