		Employe	^	Dof.	erenc			Conv	
		Employe						Сору	
1			Wage		and	Tax			
W	V-2		Statemer	nt				2018	
VV-Z									
Сор	y C for employ	ee's records	i.				ON	/IB No. 1545-0008	
d	Control num	ber	Dept.	Cor	rp.			Employer use only	
908	1036		150				Α		36
С	Employer's i	name, addr	ess. and ZIP	code	a	l			
-			fford ar			ht LL	c		
			ill Apt.		_		-		
			Land RI						
	East	erara.	Land K		523	93-37	09		
				В	atch			#02021	
e/f	Employees i	name, addr	ess and ZIP	code					
	Stever	n Doy	/le						
	30311	Kelly	Spring						
	Kelle	rview	NV 2823	31-	7946				
	0								
_				,					
b	Employer's I		nber	а	Emplo	oyee's SS		mber 5-87-2382	
	00 /3/11	,,,						5 07 2502	
1	Wages, tips,		p.	2	Feder	al income			
	107060.9	93					35	442.35	
3	Social secur	ity wages		4	Social	I security	tax v	vithheld	
	77720.76	5					59	45.64	
_				+					
5	Medicare wa		os	6	Medic	are tax w			
	126111.0	01					36	57.22	
7	Social secur	ity tips		8	Alloca	ited tips			
	77720.76	5					12	6111.01	
9	Verification (Codo		10	Dono	ndent car	ro boi	nofite	
,	0	Code		10	Depe	iluelit cai	28		
11	Nonqualified 262	d plans		12a	See ii	nstruction	ns for	box 12	
	202				т		49	66	
14	Other			12t			63		
				120			74		
				120		Ret. Plan	81	2 party sick pay	
				133	x	0	Siu	x	
15	State		state ID no.	16	State	wages,			
	SD	141-43-5	46				55	794.82	
17	State incon	ne tax		18	Loca	l wages,	tins.	etc.	
	3902.98			1		,		6803.15	
L_				 					
19	Local income tax		20	Loca	lity name				

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	148448.9	Social Security Tax Withheld Box 4 of W-2	5945.64	SD.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	3902.98 17455.42
Fed. Income	35442.35	Medicare Tax	3657.22		
Tax Withheld Box 2 of W-2		Withheld Box 6 of W-2		SU/SDI/FLI 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	SD.State Wages,	Parker Light	
	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	148448.92	1E+05	148448.9	148448.9	148448.9	
Plus GTL (C-Box 12)	4966	4966	4966	4966	4966	
Less 401(k) (D-Box 2) Less Other Café 125	633 35442.35	N/A 35442.35	N/A 35442.35	633 35442.35	N/A 35442.35	
Reported W-2 Wages	107060.93	107060.93	107060.93	107060.93	107060.93	

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

Steven Doyle 30311 Kelly Spring East Geraldland RI 52 Social Security Number: 165-87-2:
Taxable Marital Status: MARRIEI
Exemptions/sllowances:
FEDERAL: 4
STATE: 4
LOCAL:

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1	Wages, tips, ot 107060.93	2 Fede	2 Federal income tax withheld 35442.35						
3	Social security	wages	4 Socia	4 Social security tax withheld					
	77720.76				5945.64				
5	Medicare wage	6 Medi	6 Medicare tax withheld						
126111.01				3657.22					
d	Control number		Corp.		Employer use only				
	1036	150			A	36			
С		ne, address, and ZI Stafford a		ht LLC					
	977 James Mill Apt. 129								
	East Ge	raldland R	I 523	193-370)9				
b	Employer's FE 06-7371961		a Emp	loyee's SS/	A number 0				
7	Social security	tips	8 Alloc	ated tips					
	77720.76		1	126111.01					
			1						
9	Verification Co	de	10 Dep	endent care					
	0				281				
11	Nonqualified p	lans	12a See	12a See instructions for box 12					
	202		т		4966				
14	Other		12b		633				
			12c						
			12d		812				
			13 Stat emp		3rd party sick pay				
		ne, address and ZIF	×	0	×				
	Steven 30311 K		31-7946	5					
15		mployers' state ID no.	16 Star	e wages, ti					
	SD 41	L-43-546			55794.82				
17	State income	tav	18 Loc	al wages, t	ine otc				
	3902.98			126803.15					
19	Local income 17455.42	tax	20 Loc	ality name	Parker Light				
	F	ederal	Filing		Сору				
Wage			and	Tax	17				
٧	V-2	Statem	ent		2018				

1 Wages, tips, other comp. 107060.93	2 Federal income tax withheld 35442.35					
3 Social security wages 77720.76	4 Social security tax withheld 5945.64					
5 Medicare wages and tips 126111.01	6 Medicare tax withheld 3657.22					
d Control number Dept.	Corp. Employer use only					
908036 150	A 36					
c Employer's name, address, and ZIP						
Austin, Stafford 977 James Mill Ap	-					
-						
East Geraldland	RI 52393-3709					
b Employer's FED ID number	a Employee's SSA number					
06-7371961	0					
7 0-1-1	D. Allered delte					
7 Social security tips 77720 . 76	8 Allocated tips 126111.01					
77720.76	120111.01					
9 Verification Code	10 Dependent care benefits					
0	281					
11 Nongualified plans	12a See instructions for box 12					
11 Nonquaimed plans 262	12a See instructions for box 12					
202	т 4966					
14 Other	12b 633					
	12c 746					
	12d 812					
	13 Stat emp. Ret. Plan 3rd party sick pay					
e/f Employees name, address and ZIP						
Steven Doyle						
30311 Kelly Sprin	α					
Kellerview NV 28						
Reflerview NV 28	231-7946					
0						
15 State Employers' state ID n	o 16 State wages, tips, etc.					
SD 41-43-546	55794.82					
47 0	do Landana de de					
17 State income tax 3902.98	18 Local wages, tips, etc. 126803.15					
3302.30	120003.13					
19 Local income tax	20 Locality name					
17455.42	Parker Light					
SD.State	Filing Copy					
Wage						
Ctotom						
W-2	^{ent} 2018					
Copy 2 to be filed with employee's State Inc	ome Tax Return OMB No. 1545-0008					

1	Wages, tips, oth 107060.5		2 Federal income tax withheld 35442.35
3	Social security v		4 Social security tax withheld 5945.64
5	Medicare wages		6 Medicare tax withheld 3657.22
	Control number	Dept. 15	
С		e, address, and	
			d and Wright LLC
	977 Ja	mes Mill	Apt. 129
	East (Geraldland	i RI 52393-3709
b	Employer's FED	ID number	a Employee's SSA number
	06-73719		0
7	Social security t	ips	8 Allocated tips
	77720.76	i	126111.01
^	Verification Cod	_	10. Demandant care hanefite
9	Verification Cod	е	10 Dependent care benefits
	۰		201
11	Nonqualified pl	ans	12a See instructions for box 12
	262		
14	Other		T 4966
•	out.		12c 746
			12d 812
			13 Stat emp. Ret. Plan 3rd party sick pay
olf	Employees nam	o addrose and 7	x 0 x
e/i	Employees nam	e, address and 2	zir code
	Stever	Doyle	
	30311	Kelly Spr	ing
			28231-7946
	0		20231 7310
15			ID no 16 State wages, tips, etc.
	SD	41-43-546	55794.82
17	State income t	ax	18 Local wages, tips, etc.
	3902.98		126803.15
19	Local income t		20 Locality name
19	Local income t		20 Locality name Parker Light
	С	ty or Local	Filing Copy
		Wa	age and Tax
١.			
۷	/-2		^{ement} 2018
Con	v 2 to be filed with	employee's City o	or Local Income Tax Return OMB No. 1545-0008