		Employe	e l	Refe	erenc	е		Сору	
			Wage	a	and	Tax			
۱۸	V-2		Statemen	it				2018	
V	V-Z								
Сор	y C for employ	ee's records	S.				OME	3 No. 1545-0008	
	Control num	ber	Dept.	Cor	p.			Employer use only	
904	2020		150				Α		36
С	Employer's	name, addı	ess, and ZIP	code	,				
	Lopez	-Ruiz a	and Sons	,					
	7570	Pruitt	Square	Su	ite	890			
	Port 1	Edward	OH	1	5947	-2088			
	0								
				R:	atch		1	#02021	
e/f	Employees	name, addr	ess and ZIP	code					
	Mary	Ander	son						
			Station						
		Johnbe	rg N	ΙΥ	6	1856-	3851		
	0								
b	Employer's		nber	а	Emple	yee's SS			
	63-89338	895					105	-23-9213	
1	Wages, tips,		p.	2	Feder	al income			
	101119.	15					178	98.69	
3	Social secur	rity wages		4	Socia	security	tax wi	thheld	
	126606.	58					968	5.4	
5	Madiaara	41		6	Madia	are tax w	داد داداد		
5	Medicare wa 89185.6	iges and tip	os	ь	meaic	are tax w		1 6.38	
							250	0.50	
7	Social secur 126606.			8	Alloca	ted tips	901	85.6	
9	Verification			10	Depe	ndent car	e bene 277	efits	
	U						211		
11	Nonqualifie	d plans		12a	See i	nstruction	ns for b	oox 12	
	298						201	7	
14	Other			12b	1		566	,	
				12d			519		
						Ret. Plan	3rd pa	arty sick pay	
					×	0		×	
15	State	Employers 152-87-1	state ID no.	16	State	wages, t		c. 56.16	
				L					
17	State incom	ne tax		18	Loca	l wages,		tc. 33.0	
	2192.75			1			849	33.0	
19	Local incor			20	Loca	lity name		_	
	19983.80							a Squares	

## 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	128703.2	Social Security Tax Withheld Box 4 of W-2	9685.4	OH.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	2792.75 19983.86
Fed. Income	17898.69	Medicare Tax	2586.38		
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	Social Secu	r Medicare	OH.State Wages,	Lisa Squares
	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	128703.24	1E+05	128703.2	128703.2	128703.2
Plus GTL (C-Box 12)	2017	2017	2017	2017	2017
Less 401(k) (D-Box 2) Less Other Café 125	566 17898.69	N/A 17898.69	N/A 17898.69	566 17898.69	N/A 17898.69
Reported W-2 Wages	101119.15	101119.15	101119.15	101119.15	101119.15

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

Mary Anderson
771 Mooney Station
Port Edward OH 1594

Social Security Number: 105-23-921
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

© 2018 ADP, LLC

1	Wages, tips, other con 101119.15	mp.	2	Feder	al income	tax wit 1789		
3	Social security wages 126606.58		4	Socia	security	tax with 9685		
5	Medicare wages and t 89185.6	ips	6	Medic	are tax w	ithheld 2586	.38	
d	Control number	Dept.	Corp				Employer use only	
_	12020	150	Согр			Α	Employer use unly	36
c	Employer's name, add		code					
	Lopez-Ruiz							
	7570 Pruitt	Square	Sui	te	890			
	Port Edward	і он	15	947	-2088			
b	Employer's FED ID no 63-8933895	ımber	а	Emplo	oyee's SS	A numb	er	
7	Social security tips 126606.58		8	Alloca	ted tips	8918	5.6	
9	Verification Code		10	Depe	ndent car	re benef	its	
-	0		"			277		
11	Nonqualified plans 298		12a	See ii	nstruction		x 12	
14	Other		12b			2017		
	Other		12c			519		
			12d			648		
			13 St	at emp.	Ret. Plan	3rd par	ty sick pay	
				×	0		×	
	Mary Ander 771 Mooney Lake Johnbe	Station	ΙΥ	6	1856-:	3851		
15	State Employer	rs' state ID no.	16	State	wages, 1	tips, etc		
	он 52-87-1	22	1			4615	5.16	
17	State income tax 2792.75		18	Loca	l wages,	tips, etc 8493		
			<u> </u>	_				
			20	Loca	lity name	•	_	
19	Local income tax 19983.86					Lisa	Squares	
19		al	Fil	ling			Copy	
19	19983.86	al Wage		_	Tax			
	19983.86		а	_	Tax	C		

1	Wages, tips, other comp.		2 Fed	eral income	tax withheld	
	101119.15				17898.69	
3	Social security wages		4 Soc	ial security	tax withheld	
	126606.58		l		9685.4	
5	Medicare wages and tips		6 Med	icare tax w		
	89185.6				2586.38	
d	Control number	Dept.	Corp.		Employer use only	
904	2020 Employer's name, addres	150	odo	1	A	36
C						
	Lopez-Ruiz					
	7570 Pruitt	Square	Suit	e 890		
	Port Edward	OF	1 159	47-208	18	
	0					
b	Employer's FED ID numb	er	a Emp	oloyee's SS	A number	
	63-8933895				0	
L						
7	Social security tips 126606.58		8 Allo	cated tips	89185.6	
	120000.58		l		03103.0	
9	Verification Code		10 Dep	endent car		
	0				277	
11	Nonqualified plans		12a Soc	instruction	ns for box 12	
١	298		.za 366		DUA 12	
					2017	
14	Other		12b		566	
			12c 12d		<b>519</b>   648	
				p. Ret. Plan	3rd party sick pay	
			×	0	х	
e/f	Employees name, addres	s and ZIP co	ode			
	Mary Ander	son				
	-		_			
	771 Mooney					
	Lake Johnbe	rg	NY	61856	-3851	
	0					
15	State Employer	s' state ID no	16 Sta	ite wages, t	tips, etc.	
	ОН 52-87-1	22			46156.16	
17	State income tax		18 Lo	and waren -	the ete	
17	State income tax 2792.75		1.8 1.0	cal wages,	tips, etc. 84933.0	
19	Local income tax		20 Lo	cality name		
	19983.86				Lisa Squares	
	OH.Stat	e	Filing		Сору	
	2.11010	Wage	and	Tax	/	
		Stateme		Idx		
W	V-2	Staterille	zi il		2018	
Con	y 2 to be filed with employee	s State Incor	me Tax R	eturn	OMB No. 1545-0008	
02	, = with employee					

3   Social security wages	36
5   Medicare wages and tips   6   Medicare tax withheld   2586.38     d   Control number   Dept.   Corp.   Employer use only   9042020   A   Employer use only     0   C   Employer's name, address, and ZIP code   Lopez-Ruiz and Sons   7570   Pruitt Square Suite   890     Port Edward   OH   15947-2088     b   Employer's FED ID number   a   Employee's SSA number	
9042020   150   A	
c Employer's name, address, and ZIP code	30
Lopez-Ruiz and Sons 7570 Pruitt Square Suite 890 Port Edward OH 15947-2088  b Employer's FED ID number   a Employee's SSA number	
Port Edward OH 15947-2088  b Employer's FED ID number   a Employee's SSA number	
b Employer's FED ID number a Employee's SSA number	
63-8933895 0	
7 Social security tips 8 Allocated tips 8 126606.58 89185.6	
9 Verification Code 10 Dependent care benefits 277	
11 Nonqualified plans 12a See instructions for box 12	
2017   14 Other   12b   566	
120   519	
12d   648	
13 Stat emp. Ret. Plan 3rd party sick pay	
e/f Employees name, address and ZIP code	
Mary Anderson	
771 Mooney Station	
Lake Johnberg NY 61856-3851	
15 State   Employers' state ID no   16 State wages, tips, etc.   52-87-122   46156.16	
17 State income tax	
19 Local income tax 20 Locality name Lisa Squares	
City or Local Filing Copy	
Wage and Tax	
W-2 Statement 2018	
Copy 2 to be filed with employee's City or Local Income Tax Return OMB No. 1545-0008	