		Employe	e f	Refe	erenc	е	(Сору	
			Wage	a	and	Tax			
۱۸	1_2		Statemen	it			2	018	
•	N-2 Stater Day C for employee's records. Control number Dout. Do							No. 1545-0008	
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		ber		Cor	p.		Α	Employer use on	36
С	Employer's i	name, addr	ess, and ZIP	code	,				
ı									
ı	8239	Jillian	Landin	ıg i	Apt.	873			
	East A	Alisonh	orough	(CT	01890	-54	66	
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l				Ва	atch		#	02021	
e/f	Employees i	name, addr	ess and ZIP of	code					
l	Matthe	ew Po	otter						
	7661	Torres	Springs	A	pt.	871			
ı			rt MO		89	143-96	644		
	0								
b			nber	a	Emplo	yee's SS/			
	92-67205	513					429-	42-3995	
1			p.	2	Feder	al income			
	177627.9	99					3963	89.37	
3				4	Social	security 1			
	221555.9	93					1694	19.03	
5	Medicare wa	iges and tip	os	6	Medic	are tax wi	thheld		
	211678.4	15					6138	1.68	
7	Social secur	ity tins		8	Alloca	ted tips			
ı	221555.9			ľ			2116	78.45	
9	Verification (Code		10	Depe	ndent care	e bene	fits	
	0						188		
11	Nonqualifie	d plans		12a	See ii	nstruction	s for b	ox 12	
	243	-							
14	Other			12b	HH		702)	
				12c		i	846		
ì				12d		Ret. Plan	552	rty sick pay	
				13 3	0 0	x x	oru pa	0	
15	State	Employers 444-86-7	state ID no.	16	State	wages, ti		c. 19.96	
ì			103				0910	79.90	
17	State incon	ne tax		18	Loca	ıl wages, t		c. 172.14	
							1,90		
19	Local incom			20	Loca	lity name	Johr	Curve	

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 Pa	ay 234216.4	Social Security Tax Withheld	16949.03	HI.State Income Tax Box 17 of W-2	5312.92	
		Box 4 of W-2		Local Income Tax	33443.18	
				Box 19 of W-2		
Fed. Inco	ome 39639.37	Medicare Tax	6138.68			
Tax With	held	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	r Medicare	HI.State Wages,	John Curve
	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	234216.39	2E+05	234216.4	234216.4	234216.4
Plus GTL (C-Box 12)	5499	5499	5499	5499	5499
Less 401(k) (D-Box 2) Less Other Café 125	702 39639.37	N/A 39639.37	N/A 39639.37	702 39639.37	N/A 39639.37
Reported W-2 Wages	177627.99	177627.99	177627.99	177627.99	177627.99

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:	429-42-3 MARRIE	
Taxable Marital Status:		
Exemptions/Allowances:		
FEDERAL: 4		
STATE: 4		
LOCAL:		
	Taxable Marital Status: Exemptions/Allowances: FEDERAL: 4 STATE: 4	

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1 Wages, tips, other comp.

1	Wages, tips, other comp. 177627.99	2 Federal income tax withheld 39639.37
3	Social security wages	4 Social security tax withheld
•	221555.93	16949.03
5	Medicare wages and tips	6 Medicare tax withheld
•	211678.45	6138 . 68
d		
		150 A 36
С		
b	Employer's FED ID number 92-6720513	a Employee's SSA number
7	Social security tips 221555.93	8 Allocated tips 211678.45
9	Verification Code 0	10 Dependent care benefits 188
11	Nonqualified plans 243	12a See instructions for box 12
14	Other	HH 5499 12b 702
	onici	12c 846
		12d 552
		13 Stat emp. Ret. Plan 3rd party sick pay
e/f	Employees name, address a Matthew Potte	
	7661 Torres Spi Rodriguezfort	rings Apt. 871
15	Rodriguezfort	rings Apt. 871 MO 89143-9644
	Rodriguezfort 0 State Employers' state	rings Apt. 871 MO 89143-9644
15	Rodriguezfort 0 State Employers' state HI 44-86-763 State income tax	rings Apt. 871 MO 89143-9644 ID no. 16 State wages, tips, etc. 89109.96 18 Local wages, tips, etc.
17	Rodriguezfort 0 State Employers' state 44-86-763 State income tax 5312.92 Local income tax 33443.18 Federal W	rings Apt. 871 MO 89143-9644 IDno. 16 State wages, tips, etc. 89109.96 18 Local wages, tips, etc. 719072.14 20 Locality name John Curve Filling Copy /age and Tax
17	Rodriguezfort 0 State Employers' state 44-86-763 State income tax 5312.92 Local income tax 33443.18 Federal W	rings Apt. 871 MO 89143-9644 ID no. 16 State wages, tips, etc. 83109.96 18 Local wages, tips, etc. 179072.14 20 Locality name John Curve Filing Copy

1	177627.9	9		_			39639	.37		
3	Social security wages			4 Social security tax withheld						
	221555.93				16949.03					
5	Medicare wages	and tips		6	Medicare tax withheld					
	211678.4	5					6138.	68		
d	Control number		Dept.	Corp	. 1			Employer use only		
780	3820		150				Α		36	
С	Employer's nam	e, address	and ZIP o	ode						
	Roman-	Murphy	Groun							
		Gillian			Ant	873				
		lisonb	orougi	1	CT	018	90-5	166		
	0									
b	Employer's FED	ID mumba		a	Emale	yee's SS	A			
ь	92-67205			d	Empio	yees 33	0	31		
	32-67203	13					٠			
7	Social security to	ips		8	Alloca	ted tips				
	221555.9	3					21167	8.45		
<u>_</u>					_					
9	Verification Code	е		10	Deper	ndent car		ts		
	0						188			
11	Nonqualified pla	ans		12a	See in	struction	s for bo	x 12		
١	243					ion donor				
					HH		5499			
14	Other			12b			702			
				12c			846			
				12d			552			
					at emp. 0	Ret. Plan	3rd part	y sick pay 0		
e/f	Employees nam	o addross	and ZIP co		U	- х		U		
٠,,	Employees nam	0, 000,000	u.iu z.ii o.	, , ,						
	Matthe	w Po	tter							
	7661 #	orres	a			071				
	Rodrig	uezfor	t M)	8	9143-	9644			
	0									
15	State	Employers'		40	01-1-					
15		44-86-76		16	State	wages, t	1ps, etc. 89109	96		
	***		-				0310.			
17	State income ta	ЭX		18	Local	wages,	tips, etc.			
	5312.92						17907	2.14		
L_										
19	Local income to			20	Loca	lity name		Cuma		
	33443.18						John	Curve		
H		HI.State		Fil	ling			ору		
		i ii.State			_	T		ору		
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3 8	Social security wages 221555.93				4 Social security tax withheld 16949.03				
5 1				6					
5 1	211678.45			6	6138.68				
	Control number		Dept. 150	Cor	р.		Employer use only	36	
	7803820 150 c Employer's name, address, and ZIP co			odo			A	36	
٠.	Roman-								
			-						
	8239 Jillian Landi					. 873			
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b E	Employer's FED		r	а	Emplo	yee's SS			
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7 5	Social security t	ips		8	Alloca	ted tips			
	221555.9	3					211678.45		
9 \	Verification Cod	9		10	Depe	ndent care	benefits		
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11	Nonqualified pla	ans		12a	See in	nstruction	s for box 12		
	243								
14	Other			12b	HH		5499 702		
14	Other			12D			702 846		
				12d			552		
				13 S	tat emp.	Ret. Plan	3rd party sick pay		
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e/f E	Employees nam	e, address	and ZIP co	ode					
	Matthe	w Po	tter						
					An+	871			
				gs Apt. 871 O 89143-9644					
	Rodrig	uezioi	T MC						
	0								
15	State	Employers'	state ID no	16	State	wages, t	ips, etc.		
	HI	44-86-76	3				89109.96		
17	Or - 1 - 1 1			18					
17	State income to 5312.92	ix		18	Loca	I wages, t	ips, etc. 179072.14		
	3312.32						173072.14		
19	Local income to			20	Loca	lity name			
	33443.18						John Curve		
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	Ci	ty or Loc				_	Сору		
			Wage		and	Tax			
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