	Employe	ee l	Refe	erenc	e	(	Сору	
		Wage	a	and	Tax			
W-2		Statemen	ıt			2	018	
						No. 1545-0008		
	employee's record							
7378135	Inumber	Dept. 150	Cor	p.		Α	Employer use only	36
	yer's name, add							
	se, Mills		di	n Lt	d			
	79 Kelley							
Po	rt Kathry	nbury	(	co 6	6460-	6361		
	0							
			Ва	atch		#	£02021	
e/f Empl	yees name, add	ress and ZIP	code					
Wi	lliam Jim	enez						
95	91 Rebeka	h Point	Su	ite	658			
Ha	rrisonton	ME		95	266-1	933		
	0							
	yer's FED ID nu	mber	а	Emplo	yee's SS			
57	4781724					799-	81-3072	
	s, tips, other con	np.	2	Feder	al income			
21:	.995.13					5145	0.16	
	security wages		4	Social	security	tax wit		
26	776.45					2033	11.9	
5 Medic	are wages and ti	ps	6	Medic	are tax w	ithheld		
16	323.41					4707	.38	
7 Socia	security tips		8	Alloca	ted tips			
26	776.45					1623	823.41	
9 Verifi	ation Code		10	Depe	ndent car		fits	
	0					240		
	ualified plans		12a	See i	nstruction	ns for b	ox 12	
14:	1					1 6008		
14 Othe	r		12b			948	,	
			12d			984		
					Ret. Plan	3rd pa	rty sick pay	
45 00			L.	0	0		0	
15 State OR	033-70-	s' state ID no. 507	16	State	wages,		c. 199.33	
17 State	income tax		18	Loca	l wages,	tine of	•	
	93.91		"	LUCE	rayes,		605.02	
19 Loca	I income tax		20	Loca	litv name			
	152.94		20	Luca	шку папПе		y Lights	

## 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		Social Security Tax Withheld	20331.9	OR.State Income Tax Box 17 of W-2	10593.91
		Box 4 of W-2		Local Income Tax	31752.94
				Box 19 of W-2	
Fed. Income	51450.16	Medicare Tax	4707.38		
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	r Medicare	OR.State Wages,	Wiley Lights
	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	283777.19	3E+05	283777.2	283777.2	283777.2
Plus GTL (C-Box 12)	6008	6008	6008	6008	6008
Less 401(k) (D-Box 2) Less Other Café 125	948 51450.16	N/A 51450.16	N/A 51450.16	948 51450.16	N/A 51450.16
Reported W-2 Wages	211995.13	211995.13	211995.13	211995.13	211995.13

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

William Jimenez 9591 Rebekah Point Suite 658 Port Kathrynbury CO Social Security Number: 799-81-3 Taxable Marital Status: MARRIEI Exemptions/Allowances: FEDERAL: 4

© 2018 ADP, LLC

1	Wages, tips, other con 211995.13	2 Feder	2 Federal income tax withheld 51450.16					
3	Social security wages 265776.45		4 Socia	4 Social security tax withheld 20331.9				
5	Medicare wages and ti	ps	6 Medic	6 Medicare tax withheld 4707.38				
d	Control number	Dept.	Corp.		Employer use only			
	8135	150	L.		A 36			
С	Employer's name, add Rose, Mills			d				
	8979 Kelley			~				
	Port Kathry		CO 6	6460-6	5361			
b	Employer's FED ID nu	mber	a Empl	oyee's SS				
	57-4781724				0			
7	Social security tips		8 Alloca	ted tips				
	265776.45		- Alloce	ica aps	162323.41			
9	Verification Code		10 Depe	ndent car				
	0				240			
11	Nonqualified plans		12a See i	nstruction	s for box 12			
• •	143		0001					
					6008			
14	Other	-	12b		948			
			12c		984			
			12d		584			
			13 Stat emp. 0	Ret. Plan 0	3rd party sick pay 0			
e/f	Employees name, add	ress and ZIP						
	William Jim	enez						
	9591 Rebeka	h Point	Suite	658				
	Harrisonton	ME	95	266-19	933			
	0							
15	State Employers	s' state ID no.	16 State	wages, t	ins etc			
	OR 33-70-5			, musquo, t	104299.33			
17	State income tax		18 Loca	ıl wages, t				
	10593.91				220505.02			
	Local income tax		20 Loca	lity name				
19	31752.94				Wiley Lights			
19								
19	Federa	I	Filing		Сору			
19		l Wage	Filing and	Tax	Сору			
_	Federa	Wage	and	Tax	.,			
_		•	and	Tax	<sup>Сору</sup> <b>2018</b>			

1	Wages, tips, other comp.		2 Feder	al income	tax withheld				
	211995.13			51450.16					
3	Social security wages 265776.45	4 Social security tax withheld 20331.9							
5				aro tav wit					
	5 Medicare wages and tips 162323.41			6 Medicare tax withheld 4707.38					
	Control number	Dept.	Corp.	orp. Employer use only					
737	8135	150			A	36			
С	Employer's name, addres								
	Rose, Mills	and Ha	ardin 1	Ltd					
	8979 Kelley	Hills							
	Port Kathry	nbury	CO	66460	-6361				
b	Employer's FED ID number	er	a Emple	oyee's SSA	\ number				
	57-4781724				0				
4									
7	Social security tips 265776.45		8 Alloca	ted tips	162323.41				
	203770.43				102323.41				
9	Verification Code		10 Depe	ndent care	benefits				
	0			240					
11	Nongualified plans		12a Caa :		a far hay 12				
11	Nonqualified plans		12a See instructions for box 12						
	145		6008						
14	Other		12b		948				
			12c   984						
				12d   584 13 Stat emp. Ret. Plan   3rd party sick pay					
			0 0 0						
e/f	Employees name, address	and ZIP co	ode						
	William Jim								
	9591 Rebeka	h Point	t Suite	658					
	Harrisonton	MI	Ξ 9	95266-	1933				
	0								
15		s' state ID no	16 State	wages, ti					
	OR 33-70-5	07			104299.33				
17	State income tax		18 Loca	l wages t	ins. etc.				
1	10593.91			18 Local wages, tips, etc. 220505.02					
<u></u>									
19	Local income tax 31752.94		20 Loca	lity name	W/3 W/ -> +-				
	31752.94				Wiley Lights				
	OR,Stat	e	Filing		Сору				
1	2.1.0101	Wage							
١. ـ		Stateme		IUX					
W	<b>V-2</b>	Claterille			2018				
Cop	Copy 2 to be filed with employee's State Income Tax Return OMB No. 1545-0008								

1 Wages, tips, other comp. 211995.13	2 Federal income tax withheld 51450.16							
3 Social security wages 265776.45				4 Social security tax withheld 20331.9				
5 Medicare wages and tips 162323.41	Medicare wages and tips			6 Medicare tax withheld 4707.38				
d Control number	Dept.	Corp.		Employer use only				
7378135	150	омр.		A	36			
c Employer's name, address, Rose, Mills 8979 Kelley Port Kathryn	and Ha Hills							
b Employer's FED ID number 57-4781724		a Emplo	yee's SSA	number 0				
7 Social security tips 265776.45		8 Alloca	ted tips	162323.41				
9 Verification Code 0		10 Depe	10 Dependent care benefits 240					
11 Nonqualified plans 143				12a See instructions for box 12				
14 Other		12b		948				
			i	984				
	12d 13 Stat emp.		584					
				3rd party sick pay 0				
ef Employees name, address and ZIP code William Jimenez 9591 Rebekah Point Suite 658 Harrisonton ME 95266-1933 0								
15 State Employers' 33-70-50		16 State	wages, ti	ps, etc. 104299.33				
17 State income tax 10593.91				18 Local wages, tips, etc. 220505.02				
19 Local income tax 31752.94	20 Loca	lity name	Wiley Lights					
City or Loc	Wage	Filing Copy and Tax						
W-2	Stateme	ent		2018				
Copy 2 to be filed with employee's	City or Loc	al Income T	ax Return	OMB No. 1545-0008				