		Employe	е	Refe	renc	e		Сору	
			Wage	а	nd	Tax			
١,	V-2		Statemer	nt			-	2018	
V	V-Z								
Cop	y C for employ	ee's record:	i.				OME	3 No. 1545-0008	
	Control num	ber	Dept.	Corp	i.		_	Employer use on	
438	1922		150				Α		36
С	Employer's I	name, addı	ess, and ZIP	code					
	Cook,	Ortega	a and Go	rdo	n P	LC			
	227 M	orse R	ın Suite	51	.3				
	Flemin	ngland	OK	40	311	-8962			
	0								
				Ra	tch			#02021	
								.0202.	
e/f	Employees i	name, addr	ess and ZIP	code					
	Diana	Ferg	ıson						
	11500	am S	uit	e 900					
	South Lindamouth				ΙE	27	289-	9816	
	0								
b	Employer's	FED ID nur	nber	а	Emplo	yee's SS	A num	ber	
	85-90301	63					315	-61-3828	
1	Wages, tips,	other com	D.	2	Feder	al income	tax w	ithheld	
	54024.81						780	8.58	
3	Social secur	ity wages		4	Social	security	tax wi	thheld	
	50210.08						384	1.07	
_				<u> </u>				_	
5	Medicare wa 67551.03		os	6	Medic	are tax w		1 8.98	
							193	0.90	
7	Social secur 50210.08			8	Alloca	ted tips		51.03	
	50210.08	,					6/5	51.03	
9	Verification (Code		10	Depe	ndent ca		efits	
	0						171		
11	Nonqualifie	plans		12a	See ii	nstruction	ns for I	oox 12	
	176				R		593		
14	Other			12b			949	,	
				12c			897		
				12d	at emp	Ret. Plan	939 3rd p	arty sick pay	
					0	0		0	
15	State MO	Employers 590-89-3	state ID no.	16	State	wages,		c. 47.71	
	MO	390-89-	10	1			207	47.71	
17	State incon	ne tax		18	Loca	l wages,			
	2820.4						602	09.58	
19	Local incor	ne tax		20	Loca	lity name			
	7599.39			1			Fis	cher Corner	

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	65674.46	Social Security Tax Withheld	3841.07	MO.State Income Tax Box 17 of W-2	2820.4
		Box 4 of W-2		Local Income Tax Box 19 of W-2	7599.39
Fed. Income	7808.58	Medicare Tax	1958.98		
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	ur Medicare	MO.State Wages,	Fischer Corner
	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	65674.46	65674	65674.46	65674.46	65674.46
Plus GTL (C-Box 12)	5935	5935	5935	5935	5935
Less 401(k) (D-Box 2) Less Other Café 125	949 7808.58	N/A 7808.58	N/A 7808.58	949 7808.58	N/A 7808.58
Reported W-2 Wages	54024.81	54024.81	54024.81	54024.81	54024.81

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

1 Wages, tips, other comp.

Diana Ferguso	on	
11500 Michele	Stream Suite 900	
Flemingland	OK 4031	

Social Security N	lumber:	315-61-382
Taxable Marital S	tatus:	MARRIED
Exemptions/Allow	vances:	
FEDERAL:	4	
STATE:	4	
1.0041		

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1	Wages, tips, other con 54024.81	ıp.	2 Feder	al income	tax withheld 7808.58			
3	Social security wages 50210.08		4 Social security tax withheld 3841.07					
5	Medicare wages and to 67551.03	ps	6 Medicare tax withheld 1958.98					
d	Control number	Corp.		Employer use o	only 36			
430 C	Employer's name, add	150	code		A	36		
	Cook, Orteg	a and Go	rdon P	LC				
	Flemingland			-8962				
b	Employer's FED ID nu 85-9030163	mber	a Empl	oyee's SSA	number 0			
7	Social security tips 50210.08		8 Alloca	ited tips	67551.03			
9	Verification Code 0		10 Depe	10 Dependent care benefits 171				
11	Nonqualified plans 176		12a See instructions for box 12					
14	Other		R 5935					
			12c	- 1	897			
			12d 939					
			13 Stat emp 0	Ret. Plan 0	3rd party sick pay 0			
e/f	Employees name, add	ress and ZIP of	ode					
	Diana Ferg							
	11500 Miche							
	South Linda	mouth	NE	272	89-9816			
15	State Employer MO 90-89-3	s' state ID no. 18	16 State	wages, ti	ps, etc. 26747.71			
17	State income tax 2820 . 4		18 Loca	nl wages, t	ps, etc. 60209.58			
19	Local income tax 7599.39		20 Loca	lity name	Fischer Corner			
	Federa	Wage	Filing and	Tax	Сору			
			-1					
۷	V-2	Stateme	nı		2018			

1 Wages, tips, other comp. 54024.81			2 Federal income tax withheld 7808.58							
3	Social security wages	4 Social security tax withheld								
	50210.08		4 000	3841.07						
5	Medicare wages and tips		6 Med							
	67551.03				1958.98					
d	Control number	Dept.	Corp.		Employer use only					
438 C	922 Employer's name, addres	150	odo		A 36					
	Cook, Orteg			PLC						
	227 Morse R									
	Flemingland	O	x 403	311-896	2					
	0	٠.		, 0,0	-					
b	Employer's FED ID number	er	a Emp	oloyee's SS						
	85-9030163				0					
7	Social security tips		8 Allo	cated tips						
	50210.08		1		67551.03					
9	Verification Code		10 Der	endent car	e benefits					
ľ	0				171					
11	Nongualified plans		40- 0							
11	Nonquaimed plans		12a See instructions for box 12							
			R		5935					
14	Other		12b 12c		949					
			12c 897 12d 939							
			13 Stat emp. Ret. Plan 3rd party sick pay							
			0	0	0					
e/f	Employees name, address	s and ZIP co	ode							
	Diana Ferg	uson								
	11500 Miche	le Stre	am Su	ite 90	0					
	South Linda		NE		7289-9816					
	0									
15	State Employers MO 90-89-3	s' state ID no	16 Sta	ite wages, 1	ips, etc. 26747.71					
17	State income tax		18 Lo	cal wages,						
	2820.4				60209.58					
19	Local income tax		20 Lo	cality name						
	7599.39				Fischer Corner					
	MO.Stat	e	Filing		Сору					
	WO.Otal	Wage	and	Tax	OOP)					
		Stateme		Idx						
W	W-2 Statement 2018									
Сор	y 2 to be filed with employee'	s State Inco	me Tax Re	eturn	OMB No. 1545-0008					
_										

ľ	54024.81			7808.58				
3	Social security wages			4 Social security tax withheld				
	50210.08						3841.07	
5				6	Medic	are tax wi	thheld	
	67551.03						1958.98	
d	Control number		Dept.	Corp			Employer use only	
	922		150				A	36
С	Employer's nam							
	Cook,	Ortega	and (oro	don	PLC		
	227 Mc	rse Ru	ın Suit	e !	513			
	Flomir	haeln	OF		1031	1-896	2	
	r remir	igrana	01		1031		_	
b	Employer's FED	ID numbe	r	a	Emplo	yee's SS/	A number	
	85-90301	.63			•		0	
7	Social security t 50210.08			8 .	Alloca	ted tips	67551.03	
	50210.08						67551.03	
9	Verification Cod	e		10	Depe	ndent care	benefits	
	0						171	
11	Nonqualified pla 176	ans		12a	See in	nstruction	s for box 12	
	1/6				R		5935	
14	Other			12b			949	
				12c			897	
				12d			939	
							3rd party sick pay	
-15	Employees nam		and 7ID as		0	0	0	
e/1	Employees nam	e, address	anu zir ci	Jue				
	Diana	Ferm	ison					
		-	Le Stre		a	00	^	
		Lindar	nouth		NE	2	7289-9816	
	0							
15	State	Employers	state ID no	16	State	wagne ti	ne etc	
		90-89-31			Olule	, musico, ti	26747.71	
17	State income to	ax		18	Loca	l wages, t		
	2820.4						60209.58	
19	Local income t	ax		20	Loca	lity name		
	7599.39					,	Fischer Corner	
1	Ci	ty or Lo	cal				Сору	
1			Wage			Tax		
			Stateme				0040	
W	<i>l</i> -2						2018	
Cop	v 2 to be filed with	emplovee's	City or Loc	al Inc	ome T	ax Return	OMB No. 1545-0008	
	,	. , .,	. ,					

2 Federal income tax withheld