	E	Employe	e l	Refe	erenc	е		Сору		
ı			Wage	á	and	Tax				
١,	V-2		Statemen	ıt			-	2018		
V	V-Z									
Cop	y C for employ	ee's record:	i.				OME	3 No. 1545-0008		
d	Control numb	ber	Dept.	Con	D.		_	Employer use of		
603	3365		150				Α		36	
С	Employer's r	name, addı	ess, and ZIP	code						
ı	Collir	ns, Dor	ninguez	and	l Co	ok PL	С			
ı	376 Ro	th Mai	nor							
ı	Greenk	orougl	n FL	66	6405	-6689				
ı	0									
ı										
ı				Ra	itch			#02021		
e/f	Employees r	name, addr	ess and ZIP	code						
ı										
ı	Barbar		Gonzale							
			/ista Su			9				
		ide WA	22085-	376	50					
	0									
b	Employer's I		nber	а	Emple	oyee's SS				
ı	40-77265	03					778	-21-4604		
1	Wages, tips,	other com	p.	2	Feder	al income	tax w	rithheld		
ı	222798.6	54					463	06.98		
3	Social securi	itv wages		4	Socia	I security	tax wi	ithheld		
ı	288026.0	)					220	33.99		
-										
5	Medicare wa 229341.3		os	6	meaic	are tax w	itnneid 665			
							665	0.9		
7	Social securi 288026.0			8	Alloca	ited tips		341.37		
ı	288026.0	,					229	341.37		
9	Verification (	Code		10	Depe	ndent car				
ı	0						124			
11	Nonqualified	plans		12a	See i	nstruction	ns for I	box 12		
	157				v		343	•		
14	Other			12b			599	•		
				12c			560			
ı				12d		Ret. Plan	3rd p	arty sick pay		
					×	0		×		
15	State	Employers	state ID no.	16	State	wages,		tc. 497.72		
	10	103-05-1	114				105	451.12		
17	State incom			18	Loca	l wages,				
	11359.73	5					177	455.31		
19	Local incon			20	Loca	lity name				
1	30383.63	3		1			Ren	ee Island		

## 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	291139.6	Social Security Tax Withheld Box 4 of W-2	22033.99	ID.State Income Tax Box 17 of W-2 Local Income Tax Box 19 of W-2	11359.73 30383.63
Fed. Income	46306.98	Medicare Tax	6650.9		
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	ID.State Wages,	Renee Island
	Compensation Box 1 of W-2	Wages Box 3 of W-2	Wages 2 Box 5 of W-2	Tips, Etc. Box 16 of W-2	Local Wages, Tips, Etc. Box 18 of W2
Gross Pay	291139.61	3E+05	291139.6	291139.6	291139.6
Plus GTL (C-Box 12)	3436	3436	3436	3436	3436
Less 401(k) (D-Box 2) Less Other Café 125 Reported W-2 Wages	599 46306.98 222798.64	N/A 46306.98 222798.64	N/A 46306.98 222798.64	599 46306.98 222798.64	N/A 46306.98 222798.64

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

Barbara Gonzales 871 Harper Vista Suite 829 Greenborough FL 6640 Social Security Number: 778-21-460 Marrial Status: MARRIED Exemptions/Allowances: FEDERAL: 4
STATE: 4

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1	Wages, tips, other co 222798.64	mp.	2	Feder	al income	tax withheld 46306.98	
3	Social security wages	<u> </u>	4	Social	security	tax withheld	
•	288026.0	•	1	000.0	occurry,	22033.99	
5	Medicare wages and	tins	6	Medic	are tax wi	thheld	
	229341.37		1			6650.9	
d	Control number	Dept.	Corp			Employer use only	
_	3365	150	Our			A	36
С	Employer's name, ad	dress, and ZIP	code				
	Collins, Do	ominguez	and	Co	ok PLC	:	
	376 Roth Ma	anor					
	Greenborou	Th ET.	66	405	-6689		
	greemorou	JII 211	00	403	0000		
b	Employer's FED ID no	umber	a	Emplo	yee's SS/	1 number	
-	40-7726503	umber	"	p.	,,000 000	0	
	40 //20303					•	
7	Social security tips		8	Alloca	ted tips		
	288026.0		1			229341.37	
			_				
9	Verification Code		10	Depe	ndent care		
	0					124	
11	Nonqualified plans		122	San i	etruction	s for box 12	
•••	157		124	366 1	isti uction	5 101 DOX 12	
				v	- 1	3436	
14	Other		12b			599	
			12c			560	
			12d			577	
					Ret. Plan		
				x	0	×	
e/t	Employees name, ad	dress and ZIP	code				
	Barbara	Gonzale	es				
	871 Harper	Vista Su	iite	82	9		
	Chadside W	A 22085-	376	0			
	0						
	•						
15	State Employe	rs' state ID no.	16	State	wages, ti	ips, etc.	
	ID 89-05-	014				105497.72	
_							
17	State income tax		18	Loca	l wages, t		
17	State income tax 11359.73		18	Loca	l wages, t	ips, etc. 177455.31	
	11359.73						
17	11359.73 Local income tax		20		I wages, t	177455.31	
	11359.73						
	11359.73 Local income tax 30383.63	al	20	Loca		177455.31 Renee Island	
17	11359.73 Local income tax		20 Fi	Loca	lity name	177455.31	
	11359.73 Local income tax 30383.63	Wage	20 Fil	Loca		177455.31 Renee Island	
	Local income tax 30383.63		20 Fil	Loca	lity name	177455.31  Renee Island  Copy	
	11359.73 Local income tax 30383.63	Wage	20 Fil	Loca	lity name	177455.31 Renee Island	

1 Wages, tips, other comp. 222798.64			2 Federal income tax withheld 46306.98						
3	Social security wages 288026.0	4 Socia	4 Social security tax withheld 22033.99						
5	Medicare wages and tips 229341.37	6 Medic	6 Medicare tax withheld 6650.9						
d 603	Control number	Dept. 150	Corp.		Employer use only				
c	Employer's name, address, and ZIP co Collins, Dominguez 376 Roth Manor			Cook P	rc	36			
b	Employer's FED ID number	a Empl	oyee's SS	A number					
7	Social security tips 288026.0		8 Alloca	nted tips	229341.37				
9	Verification Code 0		10 Dependent care benefits 124						
11	Nonqualified plans 157	12a See instructions for box 12 V   3436							
14	14 Other			12b           599           12c           560           12d           577           13 Stat emp. Ret. Plan         3rd party sick pay					
e/f	Employees name, address Barbara 871 Harper	Gonzal	Les	0	×				
	Chadside WA			,,,					
15	State Employers ID 89-05-01		o 16 State wages, tips, etc. 105497.72						
17	State income tax 11359.73	18 Local wages, tips, etc. 177455.31							
19	Local income tax 30383.63	20 Locality name Renee Island							
	ID.State	Wage	Filing and	Tax	Сору				
V	V-Z	Stateme			2018 OMB No. 1545-0008				
COP	y 2 to be filed with employee's	State Inco	iie iax ket	um	OWD NO. 1545-0008				

1	Wages, tips, other comp.		2 Feder	al income	tax withheld				
	222798.64			46306.98					
3	Social security wages 288026.0			4 Social security tax withheld 22033.99					
5	5 Medicare wages and tips			6 Medicare tax withheld					
	229341.37		6650.9						
1-	Control number	Dept.	Corp.		Employer use only				
603	365	150	l .		A	36			
С	Employer's name, address	,							
	Collins, Dor		z and (	Cook P	rc				
	376 Roth Man								
	Greenborougl	n FL	6640	5-668	9				
	0								
b	Employer's FED ID number	r	a Empl	yee's SSA	number				
	40-7726503				0				
7	Social security tips 288026.0		8 Alloca	ted tips	229341.37				
1	200020.0				22.541.37				
9	Verification Code		10 Dependent care benefits 124						
	0								
11	Nonqualified plans		12a See instructions for box 12						
	157								
L.			V   3436 12b   599						
14	Other		12b   599 12c   560						
			12d   577						
			13 Stat emp. Ret. Plan 3rd party sick pay						
L			×	0	x				
e/f	Employees name, address	and ZIP c	ode						
	Barbara	Gonza	les						
	871 Harper V	Jista S							
	Chadside WA								
	Chauside WA	2200	3-3700						
	•								
15			16 State	wages, ti					
	ID 89-05-01	.4			105497.72				
17	State income tax		18 Loca	I wages, ti	ips, etc.				
1	11359.73				177455.31				
19	Local income tax		20 Loca	lity name					
19	30383.63		20 Loca	ility name	Renee Island				
1	City or Lo	cal	Filing		Сору				
1		Wage	and	Tax					
14	1.0	Stateme			2040				
V	W-2 Statement 2018								
Cop	y 2 to be filed with employee's	City or Loc	cal Income 7	ax Return	OMB No. 1545-0008				