

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only 000010 RV/9IN Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Batch #97088

e/f Employee's name, address, and ZIP code **ROSS A GEBELEIN** 66 CRESTLINE DRIVE

SAN FRANCISCO, CA	A 94131
b Employer's FED ID number 47-3902945	a Employee's SSA number 393-06-3539
1 Wages, tips, other comp.	2 Federal income tax withheld
109640.80	11761.21
3 Social security wages 109640.80	4 Social security tax withheld 6797.73
5 Medicare wages and tips 109640.80	6 Medicare tax withheld 1589.79
7 Social security tips	8 Allocated tips
9 Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
1096.41 SDI	12c
1030.41 001	12d
	13 Stat emp Ret. plan 3rd party sick pa
15 State Employer's state ID no O47-9884 9	. 16 State wages, tips, etc. 109640.80
17 State income tax 7624.32	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

1	Wages, tips, other c	2 Federal income tax withheld 11761.21			
3	Social security wage	4 Social security tax withheld 6797.73			
5	5 Medicare wages and tips 109640.80		6 Medica	re tax withh	eld 1589.79
d	Control number	Dept.	Corp.	Employer	use only
0.0	00010 RV/9IN			Α	3
c	C Employer's name address and ZIP code				

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Employer's FED ID number 47-3902945	a Employee's SSA number 393-06-3539			
Social security tips	8 Allocated tips			
Verification Code	10 Dependent care benefits			
Nonqualified plans	12a See instructions for box 12			
Other	12b			
1096.41 SDI	12c			
	12d			
	13 Stat emp Ret. plan 3rd party sick pay			
	Social security tips Verification Code Nonqualified plans Other			

e/f Employee's name, address and ZIP code

ROSS A GEBELEIN 66 CRESTLINE DRIVE APT 4

SAN FRANCISCO, CA 94131

	15 State Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 109640.80
	17 State income tax 7624.32	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name
- 1	Enderal Fil	ina Conv

ederal Filing Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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. 6797.73 CA. State Income Tax 109999.92 Social Security 7624.32 Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI/FLI 1096.41 Box 14 of W-2 Fed. Income 11761.21 Medicare Tax

1589.79

Box 2 of W-2 Box 6 of W-2

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	109,999.92	109,999.92	109,999.92	109,999.92
Less Other Cafe 125	359.12	359.12	359.12	359.12
Reported W-2 Wages	109,640.80	109,640.80	109,640.80	109,640.80

Withheld

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

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

ROSS A GEBELEIN 66 CRESTLINE DRIVE APT 4 SAN FRANCISCO, CA 94131

Social Security Number: 393-06-3539 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 2

STATE:

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Tax Withheld

1 Wages, tips, other comp. 109640.80			Prederal income tax withheld 11761.21			
3	3 Social security wages 109640.80			4 Social	security tax	withheld 6797.73
5	5 Medicare wages and tips 109640.80			6 Medica	re tax withh	eld I 589.79
d	Control	number	Dept.	Corp.	Employer	use only
0.0	0010	RV/9IN			Α	3

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 393-06-3539
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	1096.41 CA SDI	12c
	1000111 071 021	12d
		13 Stat emp. Ret. plan 3rd party sick pay
e/f	Employee's name, address a	and ZIP code

ROSS A GEBELEIN 66 CRESTLINE DRIVE APT 4 SAN FRANCISCO, CA 94131

State Employer's state ID no. 16 State wages, tips, etc. 109640.80 CA 047-9884 9

18 Local wages, tips, etc. 17 State income tax 7624.32 19 Local income tax 20 Locality name

CA.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 109640.80		2 Federa	I income tax	withheld 761.21		
3 Social security wages 109640.80		4 Social	security tax	withheld 797.73		
5 Medicare wages and tips 109640.80		6 Medica	re tax withhe	old 589.79		
d	Control number	Dept.	Corp.	Employer	use only	
00	00010 RV/9IN			Α	3	
С	c Employer's name, address, and ZIP code					
	CROWD SMART INC					

SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 393-06-3539
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	1096.41 CA SDI	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
_		

e/f Employee's name, address and ZIP code

ROSS A GEBELEIN 66 CRESTLINE DRIVE APT 4 SAN FRANCISCO, CA 94131

15 State CA	Employer's state ID no. 047-9884 9	16	State wages, tips, etc. 109640.80
17 State	income tax	18	Local wages, tips, etc.
	7624.32		
19 Local	income tax	20	Locality name
		l	

CA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.



13300.21

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Corp. Employer use only RV/9IN Employer's name, address, and ZIP code CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Batch #97088

e/f Employee's name, address, and ZIP code MARKUS GUEHRS 74 GUERRERO ST SAN FRANCISCO, CA 94110

Employer's FED ID number a Employee's SSA number 47-3902945 613-92-6642 Wages, tips, other comp Federal income tax withheld 169507.36 21286.87 Social security wages Social security tax withheld 128400.00 7960.80 Medicare wages and tips 6 Medicare tax withheld 169507.36 2457.86 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 1149 67 SDI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. CA 047-9884 9 169507.36 17 State income tax 18 Local wages, tips, etc. 13300.21 19 Local income tax 20 Locality name

1	Wages, tips, other c	^{отр.} 07.36	2 Federa	I income tax 21	withheld 286.87
3	Social security wage 1284	4 Social	security tax	withheld 960.80	
5	Medicare wages and 1695	6 Medica	re tax withhe	457.86	
d	Control number	Dept.	Corp.	Employer	use only
00	00001 RV/9IN			Α	4

Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 613-92-6642			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent care benefits			
11	Nonqualified plans	12a See instructions for box 12			
14	Other	12b			
	1149.67 SDI	12c			
		12d			
		13 Stat emp Ret. plan 3rd party sick pay			
—		' 			

e/f Employee's name, address and ZIP code

MARKUS GUEHRS 74 GUERRERO ST

SAN FRANCISCO, CA 94110

L				
		State A	Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 169507.36
	17	State	income tax 13300.21	18 Local wages, tips, etc.
	19	Local	income tax	20 Locality name
Τ			Federal Fil	ing Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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 171000.00 Social Security Tax Withheld Box 4 of W-2

7960.80 CA. State Income Tax Box 17 of W-2

2457.86

SUI/SDI/FLI 1149.67 Box 14 of W-2

21286.87 Medicare Tax Fed. Income Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other	Social Security	Medicare	CA. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	171,000.00	171,000.00	171,000.00	171,000.00
Less Other Cafe 125	1,492.64	1,492.64	1,492.64	1,492.64
Less Wages Over Limit Reported W-2 Wages	N/A	41,107.36	N/A	N/A
	169,507.36	128,400.00	169,507.36	169,507.36

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

MARKUS GUEHRS 74 GUERRERO ST SAN FRANCISCO, CA 94110

Social Security Number: 613-92-6642 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 7 STATE:

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1	Wages,	tips, other of 1695	omp. 07.36	2 Federa	l income tax	withheld 1286.87
3	3 Social security wages 128400.00			4 Social security tax withheld 7960.80		
5	Medicare wages and tips 169507.36			6 Medica	re tax withh	neld 2457.86
d	Control	number	Dept.	Corp.	Employer	use only
0.0	0001	RV/9IN			Α	4

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 613-92-6642				
7	Social security tips	8 Allocated tips				
9	Verification Code	10 Dependent care benefits				
11	Nonqualified plans	12a				
14	Other	12b				
	1149.67 CA SDI	12c				
		12d				
		13 Stat emp. Ret. plan 3rd party sick pay				
		1.710				

e/f Employee's name, address and ZIP code

MARKUS GUEHRS 74 GUERRERO ST SAN FRANCISCO, CA 94110

15 State CA	Employer's state ID no. 047-9884 9	16	State	wages,	tips, etc. 169507.36
17 State	income tax	18	Local	wages,	tips, etc.
	13300.21				
19 Local	income tax	20	Local	ity nam	е

CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 169507.36				2 Federal income tax withheld 21286.87				
3	3 Social security wages 128400.00				4 Social security tax withheld 7960.80			
5	Medicar	e wages and 1695	tips 07.36	6	Medica	re tax withhe	^{ld} 457.86	
d	Control	number	Dept.		Corp.	Employer	use only	
00	0001	RV/9IN				Α	4	

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 613-92-6642			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
	1149.67 CA SDI	12c			
	1110.01 011021	12d			
		13 Stat emp. Ret. plan 3rd party sick p			

e/f Employee's name, address and ZIP code

MARKUS GUEHRS 74 GUERRERO ST SAN FRANCISCO, CA 94110

15 State CA	Employer's state ID no. 047-9884 9	16	State wages, tips, etc. 169507.36
17 State	income tax	18	Local wages, tips, etc.
	13300.21		
19 Local	income tax	20	Locality name

CA.State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return.



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only RV/9IN

Employer's name, address, and ZIP code CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Batch #97088

e/f Employee's name, address, and ZIP code STEVEN J KALIDONIS

1796 CAMINO LEONOR SAN JOSE, CA 95131

b	Emplo	yer's FED ID 47-39029		а	Empl		e's 42-5				
1	Wages	, tips, other	comp.	2	Feder	al	incor	ne	tax v	vithhe	ld
		90	000.00						249	28.5	0
3	Social	security wa	ges 000.00	4	Socia	l s	ecuri	ty		vithhel 80. 0	
5	Medica	are wages a	nd tips 000.00	6	Medic	are	e tax	wit		_d 305.0	0
7	Social	security tip	s	8	Alloca	ate	d tips	5			
9	Verific	ation Code		10	Depen	de	nt ca	re	bene	fits	
11	Nonqu	alified plans	i	12	See ir	str	uction	sfo	r box	12	
11	Other			12		<u> </u>					
	Othici	900.00	SDI	120							
		300.00	3DI	120	-	<u> </u>					
				13	Stat er	np.	Ret. p	olan	3rd p	arty sic	k pay
		Employer's 047-9884		- 16	State	Wa	ages,	tip		c. 000.0	0
17 State income tax 6701.04			18	Local	w	ages,	tip	s, et	c.		
19	Local	income tax		20	Local	ity	name	е			
				-							

1	Wages, tips, other 900	2 Federal income tax withheld 24928.50				
3	Social security wag	4 Social security tax withheld 5580.00				
5	Medicare wages an 900	6 Medica	re tax withheld 130	5.00		
d	Control number	Dept.	Corp.	Employer use	e only	
00	00025 RV/9IN	Г		Α	5	

Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 142-58-4022			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent care benefits			
11	Nonqualified plans	12a See instructions for box 12			
14	Other	12b			
	900.00 SDI	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			

e/f Employee's name, address and ZIP code

STEVEN J KALIDONIS 1796 CAMINO LEONOR SAN JOSE, CA 95131

	15 State CA	Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 90000.00
	17 State	income tax 6701.04	18 Local wages, tips, etc.
	19 Local	income tax	20 Locality name
1		Federal Fili	na Conv

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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.

90000.00 Social Security Tax Withheld

Box 4 of W-2

Withheld Box 6 of W-2

5580.00 CA. State Income Tax Box 17 of W-2 SUI/SDI/FLI

Box 14 of W-2

900.00

6701.04

24928.50 Medicare Tax 1305.00

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Social Security Medicare Wages Wages Box 3 of W-2 Box 1 of W-2 Box 5 of W-2

CA. State Wages, Box 16 of W-2

Gross Pay Reported W-2 Wages

Fed. Income

Tax Withheld

Box 2 of W-2

90,000.00 90,000.00

90,000.00 90,000.00

90,000.00

90,000.00

90,000.00

90,000.00

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

STEVEN J KALIDONIS 1796 CAMINO LEONOR SAN JOSE, CA 95131

Social Security Number: 142-58-4022 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0 \$875.00 Additional Tax

STATE:

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1	Wages, tips, other of	omp. 00.00	2 Federa	income tax with 2492	
3	Social security wag 900	es 00.00	4 Social	security tax with 5580	nheld 0.00
5	Medicare wages an 900	d tips 00.00	6 Medica	re tax withheld 130	5.00
d	Control number	Dept.	Corp.	Employer use	only
0.0	00025 RV/9IN			Α	5

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA SAN FRANCISCO, CA 94105

b	Empleyer's EED ID number	a Employee's CCA number
D	Employer's FED ID number 47-3902945	a Employee's SSA number 142-58-4022
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	900.00 CA SDI	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
ωlf	Employee's name address	and 7IP code

of Employee's name, address and ZIP code

STEVEN J KALIDONIS 1796 CAMINO LEONOR SAN JOSE, CA 95131

ı					
	15 State CA	Employer's state ID no. 047-9884 9	16	State wages, tips, etc 900	00.00
	17 State	income tax	18	Local wages, tips, etc	.
		6701.04			
	19 Local	income tax	20	Locality name	

CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1	Wages, tips, other c	omp. 00.00	2	Federa	l income tax 24	withheld 928.50
3	Social security wage	es 00.00	4	Social	security tax 5	withheld 580.00
5	Medicare wages and 900	tips 00.00	6	Medica	re tax withhe	ald 305.00
d	Control number	Dept.		Corp.	Employer	use only
00	0025 RV/9IN				Α	5
С	Employer's name, a	ddress, ar	nd :	ZIP cod	e	

CROWD SMART INC 44 TEHAMA SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 142-58-4022
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	900.00 CA SDI	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

STEVEN J KALIDONIS 1796 CAMINO LEONOR SAN JOSE, CA 95131

15 State CA	Employer's state ID no. 047-9884 9	16	State	wages, tips, etc. 90000.00
17 State	income tax	18	Local	I wages, tips, etc.
	6701.04			
19 Local	income tax	20	Local	lity name

CA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only 000002 RV/9IN

Employer's name, address, and ZIP code CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Batch #97088

e/f Employee's name, address, and ZIP code THOMAS KEHLER 49 ERIN LANE HALF MOON BAY, CA 94019

Employer's FED ID number a Employee's SSA number 47-3902945 192-34-5028 Wages, tips, other comp Federal income tax withheld 142100.96 19342.43 Social security wages Social security tax withheld 128400.00 7960.80 Medicare wages and tips 6 Medicare tax withheld 142100.96 2060.46 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 1149 67 SDI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. CA 047-9884 9 142100.96 17 State income tax 18 Local wages, tips, etc. 11052.09 19 Local income tax 20 Locality name

1	Wages, tips, other of 1421	omp. 00.96	2 Federal	income tax	withheld 9342.43
3	Social security wage 1284	s 00.00	4 Social	security tax	withheld 7960.80
5	Medicare wages and 1421	tips 00.96	6 Medica	re tax withh	eld 2060.46
d	Control number	Dept.	Corp.	Employer	use only
0.0	0002 RV/9IN			Α	6

Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 192-34-5028
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
	1149.67 SDI	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay
-		· · · · · · · · · · · · · · · · · · ·

e/f Employee's name, address and ZIP code

THOMAS KEHLER 49 ERIN LANE

HALF MOON BAY, CA 94019

	15 State Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 142100.96
	17 State income tax 11052.09	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name
1	Federal Fil	ing Conv

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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.

7960.80 CA. State Income Tax 144000.00 Social Security 11052.09 Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI/FLI 1149.67 Box 14 of W-2 19342.43 Medicare Tax Fed. Income 2060.46 Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other	Social Security	Medicare	CA. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay Less Other Cafe 125	144,000.00 1,899.04	144,000.00	144,000.00 1,899.04	144,000.00 1,899.04
Less Wages Over Limit Reported W-2 Wages	N/A	13,700.96	N/A	N/A
	142,100.96	128,400.00	142,100.96	142,100.96

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

THOMAS KEHLER 49 ERIN LANE HALF MOON BAY, CA 94019 Social Security Number: 192-34-5028 Taxable Marital Status: MARRIED

Federal income tax withheld

Social security tax withheld

Medicare tax withheld

19342.43

7960.80

2060.46 Employer use only

6

Exemptions/Allowances:

FEDERAL: 3 STATE:

142100.96

c Employer's name, address, and ZIP code

Wages, tips, other comp

3 Social security wages 128400.00

000002 RV/9IN

b

11

Medicare wages and tips 142100.96

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1	Wages,	tips, other of 1421	omp. 00.96	2 Federa	l income tax	withheld 9342.43
3	Social	security wag	es 00.00	4 Social	security tax	withheld 7960.80
5	Medicar	e wages and 1421	tips 00.96	6 Medica	re tax withh	eld 2060.46
d	Control	number	Dept.	Corp.	Employer	use only
0.0	0002	RV/9IN			Α	6

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 192-34-5028
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a
14	Other	12b
	1149.67 CA SDI	12c
		12d
		13 Stat emp. Ret. plan 3rd party sick pay

e/f Employee's name, address and ZIP code

THOMAS KEHLER 49 ERIN LANE HALF MOON BAY, CA 94019

15 State CA	Employer's state ID no. 047-9884 9	16	State	wages,	tips, etc. 142100.96
17 State	income tax	18	Local	wages,	tips, etc.
	11052.09				
19 Local	income tax	20	Local	ity nam	е

CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

CROWD SMART 44 TEHAMA ST SAN FRANCISCO	
Employer's FED ID number 47-3902945	a Employee's SSA number 192-34-5028
Social security tips	8 Allocated tips
Verification Code	10 Dependent care benefits
Nonqualified plans	12a
Other	12b
1149.67 CA SDI	12c
	12d
	13 Stat emp. Ret. plan 3rd party sick pay

THOMAS KEHLER 49 ERIN LANE HALF MOON BAY, CA 94019

e/f Employee's name, address and ZIP code

15 State CA	Employer's state ID no. 047-9884 9	16	State wages, tips, etc. 142100.96
17 State	income tax 11052.09	18	Local wages, tips, etc.
19 Local		20	Locality name

CA.State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return.



5096.12

710.13

Employee Reference Copy Wage and Tax Statement Copy C for employee's records.

Control number Corp. Employer use only 000026 RV/9IN Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Batch #97088

e/f Employee's name, address, and ZIP code FENGCHEN LIU 1741 MARTIN LUTHER KING JR WAY APT 5R

BERKELEY, CA 94709 Employer's FED ID number a Employee's SSA number 47-3902945 607-79-3803 Wages, tips, other comp Federal income tax withheld 71012.80 7805.58 Social security wages Social security tax withheld 71012.80 4402.79 Medicare wages and tips 6 Medicare tax withheld 71012.80 1029.69 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 DD 1000.00 12b 14 Other 710 13 SDI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. CA 047-9884 9 71012.80 17 State income tax 8 Local wages, tips, etc. 5096.12

Wages, tips, other comp 71012.80 7805.58 Social security wages 71012.80 Social security tax withheld 4402.79 Medicare tax withheld 1029.69 Medicare wages and tips 71012.80 Dept Employer use only 000026 10 RV/9IN

20 Locality name

Employer's name, address, and ZIP code CROWD SMART

19 Local income tax

44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 607-79-3803
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12 DD 1000.00
14	Other	12b
	710.13 SDI	12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f	Employee's name, address a	and ZIP code

FENGCHEN LIU

1741 MARTIN LUTHER KING JR WAY

APT 5B

ВЕ	BERKELEY, CA 94709						
		Employer's state ID no. 047-9884 9	16 State wages, tip	71012.80			
17	State	income tax 5096.12	18 Local wages, ti	ps, etc.			
19	Local	income tax	20 Locality name				
		Federal Fili	ng Copy	040			

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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.

1029.69

4402.79 CA. State Income Tax 71818.00 Social Security Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI/FLI Box 14 of W-2

Medicare Tax

Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

7805.58

Fed. Income

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Wages, Tips, other Social Security Medicare CA. State Wages, Compensation Wages Wages Box 3 of W-2 Box 5 of W-2 Box 16 of W-2 Box 1 of W-2 71,818.00 71,818.00 71,818.00 71,818.00 Gross Pav Less Other Cafe 125 805.20 805.20 805.20 805.20 Reported W-2 Wages 71,012.80 71,012.80 71,012.80 71,012.80

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

19 Local income tax

FENGCHEN LIU 1741 MARTIN LUTHER KING JR WAY APT 5B BERKELEY, CA 94709

Social Security Number: 607-79-3803 Taxable Marital Status: MARRIED Exemptions/Allowances:

Federal income tax withheld

4 Social security tax withheld

7805.58

FEDERAL: 3

STATE:

71012.80

Wages, tips, other comp

Social security wares

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1 Wages, tips, other comp. 71012.80	2 Federal income tax withheld 7805.58
3 Social security wages 71012.80	4 Social security tax withheld 4402.79
5 Medicare wages and tips 71012.80	6 Medicare tax withheld 1029.69
d Control number Dept	Corp. Employer use only
000026 RV/9IN	A 10

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Employer's FED ID number 47-3902945	a Employee's SSA number 607-79-3803				
Social security tips	8 Allocated tips				
Verification Code	10 Dependent care benefits				
Nonqualified plans	DD 1000.00				
Other	12b				
710.13 CA SDI	12c				
	12d				
	13 Stat emp. Ret. plan 3rd party sick pay				
	47-3902945 Social security tips Verification Code Nonqualified plans Other				

e/f Employee's name, address and ZIP code

FENGCHEN LIU

1741 MARTIN LUTHER KING JR WAY

APT 5B

BERKELEY, CA 94709

15 State Employer's state 047-9884 9	ID no. 16 State wages, tips, etc. 71012.80
17 State income tax	18 Local wages, tips, etc.
5096.1	12
19 Local income tax	20 Locality name
	17 State income tax 5096.

CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

3 Social security wages 71012.8	4 Social security tax withheld 4402.79					
5 Medicare wages and tipe 71012.8	6 Medicare tax withheld 1029.69					
d Control number	Dept.	Corp.	Emplo	er use only		
000026 RV/9IN			Α	10		
c Employer's name, addre	ss, ar	nd ZIP cod	е			
CROWD SMA 44 TEHAMA SAN FRANCI	ST	INC , CA	94105			
b Employer's FED ID num 47-3902945	ber		607-79-			
7 Social security tips		8 Allocated tips				
9 Verification Code		10 Dependent care benefits				
11 Nonqualified plans	^{12a} DD 1000.00					
14 Other		12b				
710.13 CA SD	l	12c				
		12d				
		13 Stat em	p. Ret. plan	3rd party sick pay		
e/f Employee's name, addre	ss ar	d ZIP code	•			
FENGCHEN LIU						
1741 MARTIN LUTHER I	KING	JR WAY				
APT 5B BERKELEY, CA 94709						
15 State Employer's state 047-9884 9	ID no.	16 State v		s, etc. 71012.80		
17 State income tax		18 Local	wages, tip	s, etc.		
5096.1	12	00 1 11				

CA.State Filing Сору Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

20 Locality name



Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only

Employer's name, address, and ZIP code

RV/9IN

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Batch #97088

e/f Employee's name, address, and ZIP code

THOMAS S PYNE 428 5TH AVE

000004

HALF MOON BAY, CA 94019-5125

b	Emplo	yer's FED ID 47-39029		a Employee's SSA number 220-48-8800					
1	Wages	s, tips, other	comp.	2	2 Federal income tax withheld				
		126	925.08						9605.03
3	Social	security wa	ges	4	Socia	l s	securi	y	tax withheld
		126	925.08						7869.35
5	Medica	are wages a		6	Medic	are	e tax	wit	thheld
		126	925.08						1840.41
7	Social	security tips	5	8	Alloca	ate	d tips	3	
9	Verific	ation Code		10	Depen	de	nt ca	re	benefits
11	11 Nonqualified plans		12	See in	str	uction	sfo	r box 12	
1/	Other			12					
	Other	1149.67	SDI	120					
		1143.07	ODI	120		<u>Ц</u>			
				13	Stat er	np.	Ret. p	lan	3rd party sick pa
		Employer's 047-9884		- 16	State	Wa	ages,	•	s, etc. 26925.08
17 State income tax 8278.00			18	Local	w	ages,	tip	s, etc.	
19 Local income tax			20	Local	ity	name	•		

1	Wages, tips, other c	omp. 25.08	2 Federal income tax withheld 9605.03			
3 Social security wages 126925.08			4 Social security tax withheld 7869.35			
5 Medicare wages and tips 126925.08			6 Medica	re tax withh	^{eld} 1840.41	
d	Control number	Dept.	Corp.	Employer	use only	
00	00004 RV/9IN			Α	12	
_	C Employer's name address and ZIP code					

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 220-48-8800
7	Social security tips	8 Allocated tips
9	Verification Code	10 Dependent care benefits
11	Nonqualified plans	12a See instructions for box 12
14	Other	12b
	1149.67 SDI	12c
		12d
		13 Stat emp Ret. plan 3rd party sick pay
e/f	Employee's name, address ar	nd ZIP code

THOMAS S PYNE 428 5TH AVE

HALF MOON BAY, CA 94019-5125

	15 State Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 126925.08
	17 State income tax 8278.00	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name
1	Federal Fili	ng Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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.

7869.35 CA. State Income Tax Gross Pay 129166.68 Social Security 8278.00 Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI/FLI 1149.67 Box 14 of W-2 9605.03 Medicare Tax Fed. Income 1840.41 Tax Withheld Withheld

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Box 6 of W-2

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	129,166.68	129,166.68	129,166.68	129,166.68
Less Other Cafe 125	2,241.60	2,241.60	2,241.60	2,241.60
Reported W-2 Wages	126,925.08	126,925.08	126,925.08	126,925.08

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

THOMAS S PYNE 428 5TH AVE HALF MOON BAY, CA 94019-5125

Social Security Number: 220-48-8800 Taxable Marital Status: MARRIED

Federal income tax withheld

Social security tax withheld 7869.35

Medicare tax withheld

9605.03

1840.41 Employer use only

12

FEDERAL: 8

Exemptions/Allowances:

STATE:

126925.08

Wages, tips, other comp

3 Social security wages 126925.08

000004 RV/9IN

Medicare wages and tips 126925.08

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Box 2 of W-2

1 Wages, tips, other comp. 126925.08			2 Federal income tax withheld 9605.03			
3 Social security wages 126925.08			4 Social security tax withheld 7869.35			
5 Medicare wages and tips 126925.08			6 Medica	re tax withh	eld 1840.41	
d	Control	number	Dept.	Corp.	Employer	use only
00	0004	RV/9IN			Α	12

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 220-48-8800			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent care benefits			
11	Nonqualified plans	12a			
14	Other	12b			
	1149.67 CA SDI	12c			
		12d			
		13 Stat emp. Ret. plan 3rd party sick pay			

e/f Employee's name, address and ZIP code

THOMAS S PYNE 428 5TH AVE HALF MOON BAY, CA 94019-5125

15 State CA	Employer's state ID no. 047-9884 9	16	State	wages,	tips, etc. 126925.08
17 State	income tax	18	Local	wages,	tips, etc.
	8278.00				
19 Local	income tax	20	Local	ity nam	е

CA.State Reference Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

С	Employer's name, address, a CROWD SMART 44 TEHAMA ST SAN FRANCISCO	INC		
b	Employer's FED ID number 47-3902945	a Employee's SSA number 220-48-8800		
7	Social security tips	8 Allocated tips		
9	Verification Code	10 Dependent care benefits		
11	Nonqualified plans	12a		
14	Other	12b		
	1149.67 CA SDI	12c		
		12d		
		13 Stat emp. Ret. plan 3rd party sick pay		
e/f	Employee's name, address a	nd ZIP code		
TH	IOMAS S PYNE			

THOMAS 428 5TH AVE HALF MOON BAY, CA 94019-5125

15 State Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 126925.08
17 State income tax	18 Local wages, tips, etc.
8278.00	
19 Local income tax	20 Locality name
	17 State income tax 8278.00

CA.State Filing Copy Wage and Tax Statement

Copy 2 to be filed with employee's State Income Tax Return



6601.84

996.45

Employee Reference Wage and Tax Statement Copy OMB No. 1545-0008

Copy C for employee's records.

d Control number Dept. Corp. Employer use only 000007 RV/9IN A 13

Employer's name, address, and ZIP code
CROWD SMART INC
44 TEHAMA ST
SAN FRANCISCO, CA 94105

Batch #97088

e/f Employee's name, address, and ZIP code SONALI SINHA 1260 BRIGHTON AVE APT 107

ALBANY, CA 94706 Employer's FED ID number a Employee's SSA number 47-3902945 623-72-1516 Wages, tips, other comp Federal income tax withheld 99645.60 15438.12 Social security wages Social security tax withheld 99645.60 6178.03 Medicare wages and tips 6 Medicare tax withheld 99645.60 1444.86 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 996 45 SDI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. CA 047-9884 9 99645.60 17 State income tax 18 Local wages, tips, etc. 6601.84

1 Wages, tips, other com 99645		2 Federal	income tax	withheld 438.12
3 Social security wages 99645	4 Social security tax withheld 6178.03			
5 Medicare wages and ti 99645	ps 5.60	6 Medica	re tax withho	eld 444.86
d Control number	Dept.	Corp.	Employer	use only
000007 RV/9IN			Α	13

20 Locality name

c Employer's name, address, and ZIP code

19 Local income tax

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 623-72-1516			
7	Social security tips	8 Allocated tips			
9	Verification Code	10 Dependent care benefits			
11	Nonqualified plans	12a See instructions for box 12			
14	Other	12b			
	996.45 SDI	12c			
		12d			
		13 Stat emp Ret. plan 3rd party sick pay			
-		· · · · · · · · · · · · · · · · · · ·			

e/f Employee's name, address and ZIP code

SONALI SINHA 1260 BRIGHTON AVE APT 107 ALBANY, CA 94706

15 State Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 99645.60
17 State income tax 6601.84	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy

Wage and Tax 2018

Statement OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

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 100000.08 Social Security Tax Withheld

Box 4 of W-2

1444.86

Fed. Income 15438.12 Medicare Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages Tips, Etc. Box 16 of W-2
Gross Pay	100,000.08	100,000.08	100,000.08	100,000.08
Less Other Cafe 125	354.48	354.48	354.48	354.48
Reported W-2 Wages	99,645.60	99,645.60	99,645.60	99,645.60

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

SONALI SINHA 1260 BRIGHTON AVE APT 107 ALBANY, CA 94706

Social Security Number: 623-72-1516
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 2 STATE: 2

Box 14 of W-2

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1 Wages, tips, other com 99645		2 Federal income tax withheld 15438.12		
3 Social security wages 99645		4 Social security tax withheld 6178.03		
5 Medicare wages and to 99645	ips 5.60	Medica	re tax withh	eld 444.86
d Control number	Dept.	Corp.	Employer	use only
000007 RV/9IN			Α	13

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 623-72-1516					
7	Social security tips	8 Allocated tips					
9	Verification Code	10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
	996.45 CA SDI	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
L							

e/f Employee's name, address and ZIP code

SONALI SINHA 1260 BRIGHTON AVE APT 107 ALBANY, CA 94706

15 State CA	Employer's state ID no. 047-9884 9	16	State	wages, tips, etc. 99645.60
17 State	income tax	18	Local	wages, tips, etc.
	6601.84			
19 Local	income tax	20	Local	ity name

CA.State Reference Copy
Wage and Tax
Statement
Copy2 to be filed with employee's State Income Tax
Return.

Compa No. 1545-00

1 Wages, tips, other comp. 99645.60			2 Federal income tax withheld 15438.12					
3 Social security wages 99645.60			4 Social security tax withheld 6178.03					
5 Medicare wages and tips 99645.60			6 Medicare tax withheld 1444.86					
d	Control number	Dept.		Corp.	Employer	use only		
000007 RV/9IN					Α	13		
С	c Employer's name, address, and ZIP code							
	CROWD SMART INC							

CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Employer's FED ID number 47-3902945	a Employee's SSA number 623-72-1516					
Social security tips	8 Allocated tips					
Verification Code	10 Dependent care benefits					
Nonqualified plans	12a					
Other	12b					
996.45 CA SDI	12c					
	12d					
	13 Stat emp. Ret. plan 3rd party sick pay					
	47-3902945 Social security tips Verification Code Nonqualified plans Other					

e/f Employee's name, address and ZIP code

SONALI SINHA 1260 BRIGHTON AVE APT 107 ALBANY, CA 94706

15 State CA	Employer's state ID no. 047-9884 9	16	State	wages, tips, etc. 99645.60
17 State	income tax	18	Local	wages, tips, etc.
	6601.84			
19 Local	income tax	20	Locali	ty name
		l		

CA.State Filing Copy

Wage and Tax
Statement
Copy 2 to be filed with employee's State Income Tax

Copy 2 to be filed with employee's State Income Tax

Return.



1149.67

Employee Reference Copy Wage and Tax Statement Copy C for employee's records. Control number Employer use only 000006 RV/9IN

Employer's name, address, and ZIP code CROWD SMART INC 44 TEHAMA ST SAN FRANCISCO, CA 94105

Batch #97088

EMILY WASKLEWICZ 5255 STEVENS CREEK BLVD #138 SANTA CLARA, CA 95015

e/f Employee's name, address, and ZIP code

Employer's FED ID number a Employee's SSA number 47-3902945 564-79-9138 Wages, tips, other comp Federal income tax withheld 139166.68 20503.16 Social security wages Social security tax withheld 128400.00 7960.80 Medicare wages and tips 6 Medicare tax withheld 139166.68 2017.92 Social security tips 8 Allocated tips Verification Code 10 Dependent care benefits 11 Nonqualified plans 12a See instructions for box 12 12b 14 Other 1149 67 SDI 13 Stat emp. Ret. plan 3rd party sick pay 15 State Employer's state ID no. 16 State wages, tips, etc. CA 047-9884 9 139166.68 17 State income tax 18 Local wages, tips, etc. 10914.35 19 Local income tax 20 Locality name

Wages, tips, other comp 139166.68 20503.16 Social security wages 128400.00 Social security tax withheld 7960.80 Medicare wages and tips 139166.68 Medicare tax withheld 2017.92 Dept. Employer use only 000006 15 RV/9IN

Employer's name, address, and ZIP code

CROWD SMART 44 TEHAMA ST SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 564-79-9138					
7	Social security tips	8 Allocated tips					
9	Verification Code	10 Dependent care benefits					
11	Nonqualified plans	12a See instructions for box 12					
14	Other	12b					
	1149.67 SDI	12c					
		12d					
		13 Stat emp Ret. plan 3rd party sick pay					

e/f Employee's name, address and ZIP code

EMILY WASKLEWICZ 5255 STEVENS CREEK BLVD #138 SANTA CLARA, CA 95015

15 State	Employer's state ID no. 047-9884 9	16 State wages, tips, etc. 139166.68
17 State	e income tax	18 Local wages, tips, etc.
	10914.35	
19 Loc	al income tax	20 Locality name
	Federal Fil	ing Copy

Wage and Tax Statement Copy B to be filed with employee's Federal Income Tax Return. 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.

7960.80 CA. State Income Tax 139166.68 Social Security 10914.35 Tax Withheld Box 17 of W-2 Box 4 of W-2 SUI/SDI/FLI Box 14 of W-2 Fed. Income 20503.16 Medicare Tax 2017.92 Tax Withheld Withheld

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

Box 6 of W-2

	Wages, Tips, other	Social Security	Medicare	CA. State Wages,
	Compensation	Wages	Wages	Tips, Etc.
	Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2
Gross Pay	139,166.68	139,166.68	139,166.68	139,166.68
Less Wages Over Limit Reported W-2 Wages	N/A	10,766.68	N/A	N/A
	139,166.68	128,400.00	139,166.68	139,166.68

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

EMILY WASKLEWICZ STEVENS CREEK BLVD #138 SANTA CLARA, CA 95015

Social Security Number: 564-79-9138 Taxable Marital Status: MARRIED Exemptions/Allowances:

FEDERAL: 0

STATE:

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Box 2 of W-2

1 Wages, tips, other comp. 139166.68	2 Federal income tax withheld 20503.16
3 Social security wages 128400.00	4 Social security tax withheld 7960.80
5 Medicare wages and tips 139166.68	6 Medicare tax withheld 2017.92
d Control number Dep	t. Corp. Employer use only
000006 RV/9IN	A 15

c Employer's name, address, and ZIP code

CROWD SMART INC 44 TEHAMA SAN FRANCISCO, CA 94105

b	Employer's FED ID number 47-3902945	a Employee's SSA number 564-79-9138					
7	Social security tips	8 Allocated tips					
9	Verification Code	10 Dependent care benefits					
11	Nonqualified plans	12a					
14	Other	12b					
	1149.67 CA SDI	12c					
		12d					
		13 Stat emp. Ret. plan 3rd party sick pay					
		' <u></u>					

e/f Employee's name, address and ZIP code

EMILY WASKLEWICZ 5255 STEVENS CREEK BLVD #138 SANTA CLARA, CA 95015

15 State CA	Employer's state ID no. 047-9884 9	16	State wages, tips, etc. 139166.68
17 State	income tax	18	Local wages, tips, etc.
	10914.35		
19 Local	income tax	20	Locality name

CA.State Reference Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 139166.68			2 Federal income tax withheld 20503.16					
3 Social security wages 128400.00			4 Social security tax withheld 7960.80					
5 Medicare wages and tips 139166.68			6 Medicare tax withheld 2017.92					
d	Control number	Dept.		Corp.	Employer	use only		
000006 RV/9IN					Α	15		
С	c Employer's name, address, and ZIP code							
	CROWD SMART INC							

44 TEHAMA ST SAN FRANCISCO, CA 94105

Employer's FED ID number 47-3902945	a Employee's SSA number 564-79-9138			
Social security tips	8 Allocated tips			
Verification Code	10 Dependent care benefits			
Nonqualified plans	12a			
Other	12b			
1149.67 CA SDI	12c			
	12d			
	13 Stat emp. Ret. plan 3rd party sick pay			
	47-3902945 Social security tips Verification Code Nonqualified plans Other			

e/f Employee's name, address and ZIP code

EMILY WASKLEWICZ 5255 STEVENS CREEK BLVD #138 SANTA CLARA, CA 95015

15 C	State A	Employer's state ID no. 047-9884 9	16	State wages, tips, etc. 139166.68	
17	State	income tax	18	Local wages, tips, etc.	
		10914.35			
19	Local	income tax	20	Locality name	_

CA.State Filing Copy Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return.