Payroll Bulletin No. 2300

Attachment A 2022

Form W‐2

# Employer's Name and Address

This information will be printed on all copies of the Form W‐2. The box will include the Federal Identification Number for one the following companies:

* New York State ‐ 14‐6013200
* City University of New York ‐ 13‐3893536
* SUNY Construction Fund ‐ 14‐6019701

Box a Employee’s Masked Social Security Number Box 1 **Wages, Tips and Other Compensation**

The total Federal taxable gross wages.

# Box 2 Federal Income Tax Withheld

The total Federal income tax withheld.

Box 3 **Social Security Wages**

The total wages subject to Social Security tax, not to exceed **$147,000.00**.

Box 4 **Social Security Tax Withheld**

The total Social Security tax withheld, not to exceed **$9,114.00**.

Box 5 **Medicare Wages**

The total wages subject to Medicare tax.

Box 6 **Medicare Tax Withheld**

The total Medicare tax withheld. This amount includes 1.45% Medicare tax withheld on all Medicare wages and 0.9% additional Medicare Tax on wages above $200,000.00.

Box 10 **Dependent Care Benefits**

The total dependent care benefit.

# Box 12 Certain Deductions, Elective Deferrals and/or Reimbursed Amounts Codes:

**E**‐ Section 403(b) contributions.

**G**‐ Section 457(b) deferred compensation contributions.

**BB**‐ Designated Roth Contributions under 403(b) plan.

**DD**‐ Cost of employer‐sponsored health coverage. This is the aggregate cost of employer and employee share of health care cost.

This is informational only.

**EE**‐ Designated Roth (after‐tax) contributions under a governmental Section 457(b) plan.

**T**‐ Pre‐Tax Adoption (Only for CSEA employees). Tax benefits for adoption include an exclusion from income for employer‐provided adoption assistance.

Box 13 **Checkboxes: Retirement Plan**

Checked for employees who are eligible to participate in a State of New York retirement plan.

# Third Party Sick Pay

Checked for employees who received Third Party Sick Pay benefits.

Box 14 **Other**

Amounts to be reported:

**414H** All nontaxable retirement contributions made to New York State, City retirement systems or to TIAA. This amount must be reported for State and Local taxes. If there is a minus sign (‐) with this amount, State and Local taxes have already been paid.

**CPA** The amount of Chaplain's Parsonage Allowance

**EDA** Educational Assistance Payments.

**EXP** Taxable Expense. This code is used for payments ‘in lieu of expenses,’ non‐overnight meal allowances, excess per diem reimbursements

or personal car mileage.

**FRB** Taxable Fringe Benefit. This code is used for Certification and Licensure Exam Fee Reimbursement and/or SUNY Housing Payment.

**HWB** Health Care Bonus

**IMP** Imputed Income. The value of the employer contribution for employees with Domestic Partner Health Insurance.

**IRC125** For City University of New York (CUNY) employees only. This amount includes Dependent Care, Flexible Spending Account and Nontaxable Health Insurance and is excludable for Federal income tax, FICA and Medicare taxes. It is not included in Boxes 1, 3 and 5. This amount must be reported for State and Local taxes.

**MNA** The amount of military pay exempt from NYS income tax as provided by NYS Tax Law.

Note: This is applicable to members of the New York State organized militia only and paid in Agencies 01071 and/or 01072.

**PEV** The amount of personal use of an employer provided vehicle.

**PPL** Prepaid Legal Expense.

**TPS** The amount of sick pay paid by a Third-Party Provider.

**TMV** Taxable Moving Expense

**‐ TME** (NYS)

**‐ UME** (CUNY)

**TXP** Taxable transportation fringe benefits (parking) in excess of IRS excludable amounts.

**UTA** Uniform/Tool Allowance

**WCX** Nontaxable employer paid Workers’ Compensation leave payments**.**

**NYSPFL** The amount of New York State Paid Family Leave withheld from employees who are mandated to participate in this program.

**ORSTTT** Oregon statewide transit tax.

Box 15 **State**

A two‐letter code as identified below indicating which State wages were reported to:

AK – Alaska

AL‐ Alabama

AZ ‐ Arizona

CA ‐ California

CO‐ Colorado

CT ‐ Connecticut

DC – District of Columbia

DE ‐ Delaware

FL ‐ Florida

GA ‐ Georgia

HI ‐ Hawaii

IA ‐ Iowa

ID – Idaho

IL – Illinois

IN - Indiana

KA ‐ Kansas

KY – Kentucky

MA ‐ Massachusetts

MD ‐ Maryland

ME ‐ Maine

MI ‐ Michigan

MN ‐ Minnesota

MO ‐ Missouri

MS ‐ Mississippi

NC ‐ North Carolina

NH ‐ New Hampshire

NJ ‐ New Jersey

NM ‐ New Mexico

NV ‐ Nevada

NY ‐ New York

OH ‐ Ohio

OK ‐ Oklahoma

OR ‐ Oregon

PA ‐ Pennsylvania

RI ‐ Rhode Island

SC ‐ South Carolina

SD ‐ South Dakota

TN ‐ Tennessee

TX ‐ Texas

UT ‐ Utah

VA ‐ Virginia

VT ‐ Vermont

WA ‐ Washington

WI ‐ Wisconsin

WV ‐ West Virginia

WY ‐ Wyoming

Box 15A **Employer’s State ID Number**

The Employer’s state ID number for the state indicated in Box 15

Box 16 **State Wages**

The State wages are the same amount required to be reported for Federal wages in Box 1 ‐ Wages, Tips and Other Compensation.

Box 17 **State Income Tax**

The total State tax withheld.

Box 18 **Local Wages**

The total Local wage(s).

Box 19 **Local Income Tax**

The total Local tax withheld.

Box 20 **Name of Locality**

The name of the Locality if Local tax was withheld:

 **Locality Locality Name Locality Code (Payserv)**

Anne Arundel ANRD 003

 New York City NYC P0001

 Yonkers YONK 84000