

# UNDERSTANDING YOUR W-2

|  |   |                                       |                                   |                            |                         |
|--|---|---------------------------------------|-----------------------------------|----------------------------|-------------------------|
| <b>a</b> Employee's social security number                 |   |                                       |                                   |                            |                         |
| <b>b</b> Employer identification number (EIN)              | <b>1</b> Wages, tips, other compensation                          | <b>2</b> Federal income tax withheld  |                                   |                            |                         |
| <b>c</b> Employer's name, address, and ZIP code            | <b>3</b> Social security wages                                    | <b>4</b> Social security tax withheld |                                   |                            |                         |
|  | <b>5</b> Medicare wages and tips                                  | <b>6</b> Medicare tax withheld        |                                   |                            |                         |
|  | <b>7</b> Social security tips                                     | <b>8</b> Allocated tips               |                                   |                            |                         |
| <b>d</b> Control number                                    | <b>9</b>  | <b>10</b> Dependent care benefits     |                                   |                            |                         |
| <b>e</b> Employee's first name and initial Last name Suff. | <b>11</b> Nonqualified plans                                      | <b>12</b> See instructions for box 12 |                                   |                            |                         |
|  | <b>13</b> Statutory employee Retirement plan Third-party sick pay | <b>12b</b>                            |                                   |                            |                         |
|  | <b>14</b> Other   | <b>12c</b>                            |                                   |                            |                         |
|  |   | <b>12d</b>                            |                                   |                            |                         |
| <b>f</b> Employee's address and ZIP code                   |   |                                       |                                   |                            |                         |
| <b>15</b> State Employer's state ID number                 | <b>16</b> State wages, tips, etc.                                 | <b>17</b> State income tax            | <b>18</b> Local wages, tips, etc. | <b>19</b> Local income tax | <b>20</b> Locality name |

Form **W-2** Wage and Tax Statement **2015** Department of the Treasury—Internal Revenue Service

## INCOME

- 1: Your Total taxable gross wages, tips, prizes and other compensation, as well as any taxable fringe benefits. Does not include elective deferrals, such as 401k plan contributions.
- 3: Total wages, not including tips, subject to social security tax.
- 5: Total wages subject to Medicare taxes.
- 7: Total tips reported.
- 16: Your total state taxable gross pay, if applicable. This may or may not be the same as box 1.
- 18: Your total locally taxable gross pay, if applicable.

## TAXES

- 2: Reports the total amount of federal income taxes withheld from your wages during the year.
- 4: Shows the total of social security taxes withheld for the year.
- 6: Indicates the total amount of Medicare taxes withheld for the year.
- 11: Used to report amounts which have been distributed to you from your employer's non-qualified deferred compensation plan.
- 14: Used to report other information to you and may contain info on travel reimbursement, uniform payments, health insurance premiums deducted, etc.
- 17: Total state income tax withheld for the year, if applicable.
- 19: Total local income tax withheld, if applicable.

## PERSONAL INFO

- a: Your Social Security number.
- e & f: Your legal name and mailing address.

## MISCELLANEOUS

- 8: Tips allocated by an employer to an employee.
- 9: Nothing should be in this box. The reporting requirement for this box expired a few years ago and the box has yet to be removed from the form.
- 10: Dependent care benefits, such as day-care paid by an employer for their employee, is listed here.
- 12: Compensation with special tax qualifications such as adoption benefits, 401k contributions, etc.

## EMPLOYER INFO

- b: Your employer's EIN.
- c: Your employer's legal address
- 15: Employer's state ID

## IDENTIFICATION

- d: The control number. This is an internal number used by your employer; which will be blank if your employer doesn't use control numbers.
- 13: Boxes to identify if you are a statutory employee contributed to a qualifying retirement plan or if the W2 form is being filed by a sick-pay payer who is not your employer (rare)
- 20: Tax locality name, if applicable.