d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
OMB NO. 1545-0008 This information is being furnished to the Internal Revenue Service.	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN)	a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other

e Employee's name, address and ZIP code

201▮

Form W-2 Wage and Tax Statement

Copy B-To Be Filed
With Employee's
FEDERAL Tax return

15 State Employer's state ID No.	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Description as shown in pay statement

Payroll Guide to W-2 Form

Box 1 and 16: Total wages (amount on 12/31/## pay statement)

Less: Health insurance premium (**HEALTH***)

Optional dental (**DENTAL OPTIONAL***)

Vision plan (**VISION***)

Health care reimbursement plan (**HEALTH CARE***)

Dependent care assistance plan (**DEPENDENT CARE***)

Supplemental retirement plans (**TAX SHELTER***, **457 TAX DEF***, but ROTH is not Included)

VRS pre-tax buyback (**VRS BUY BACK**)

Employee's VRS retirement contribution (**VRS EE TD CONTR***)

Employee's VRS Hybrid contribution (**HYBRID EE MANDC***)

Employee's VRS Voluntary Hybrid contribution (**HYBRID EE VOLDC***)

Plus: Value of group life insurance > $50,000 paid by PWCS (**IMPUT***, see Box 12, code C)

Box 3 and 5: Amount in box 1 plus 403(b), 457(b), VRS buyback, and Employee's VRS retirement contribution

Box 3: Maximum amount $127,200

Box 10: Total dependent care assistance plan deductions (**DEPENDENT CARE***)

Box 12, code C: Taxable cost of group-term life insurance over $50,000 (**IMPUT***)

Box 12, code E: 403(b) deductions (**TAX SHELTER***)

Box 12, code G: 457(b) deductions (**457 TAX DEF***)

Box 12, code L: Employee business expense reimbursements (**EE REIMBURSE***)

Box 12, code BB: ROTH deductions (**TSA ROTH***)

Box 12, code DD: Combined amounts of employee's deduction and employer paid group health insurance (**HEALTH***)