# Payroll Bulletin No. 1808 Attachment A 2019 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:

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

### 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 \$132,900.00.

## Box 4 Social Security Tax Withheld

The total Social Security tax withheld, not to exceed \$8,239.80.

### 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.

**FF-** QSEHRA Benefits.

#### 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 of "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.

**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.

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

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

**PPL** Prepaid Legal Expense.

**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.

#### Box 15 State

A two-letter code as identified below indicating which State wages were reported to.

AL- Alabama

AK- Alaska

AZ - Arizona

CA - California

CO-Colorado

- CT Connecticut
- DE Delaware
- DC District of Columbia
- FL Florida
- GA Georgia
- HI Hawaii
- IA Iowa
- ID Idaho
- IL Illinois
- IN Indiana
- **KY Kentucky**
- MA Massachusetts
- ME Maine
- MD Maryland
- 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
- 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 Code
Anne Arundel	003
New York City	P0001
Yonkers	84000