

2022 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	79,770.49	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	4,884.27
FED. INCOME TAX WITHHELD BOX 02 OF W-2	8,345.22	MEDICARE TAX WITHHELD BOX 06 OF W-2	1,142.29
STATE INCOME TAX BOX 17 OF W-2	3,331.32	SUI/SDI BOX 14 OF W-2	23.25
LOCAL INCOME TAX BOX 19 OF W-2	2,046.52		

Employee Reference Copy		Wage and Tax Statement		2022	
Copy C for employee's records.		OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only		
0000172229 V5G		LVV5	25744		
c Employer's name, address, and ZIP code					
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114					
e/f Employee's name, address, and ZIP code					
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108					
b Employer's FED ID number	a Employee's SSA number				
22-1146430	XXX-XX-8612				
1 Wages, tips, other comp.	2 Federal income tax withheld				
70805.43	8345.22				
3 Social security wages	4 Social security tax withheld				
78778.59	4884.27				
5 Medicare wages and tips	6 Medicare tax withheld				
78778.59	1142.29				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
	C 16.42				
14 Other	12b D 7973.16				
26.00 LST 71.86 MA PFML 23.25 PA SUI	12c W 399.88				
	12d DD 6531.00				
	13 Stat emp	Ret. plan	3rd party sick pay		
		X			
15 State	Employer's state ID no.	16 State wages, tips, etc.			
	TOTAL STATE				
17 State income tax	18 Local wages, tips, etc.				
3331.32					
19 Local income tax	20 Locality name				
2046.52	TOTAL CITY				

To change your employee W-4 profile information file a new W-4 with your payroll department

JACQUELINE ERGINA
5 1/2 JOY ST
APT 1
BOSTON, MA 02108

Social Security Number: XXX-XX-8612

© 2022 ADP, Inc.

PAGE 01 OF 04

1 Wages, tips, other comp.	2 Federal income tax withheld				
70805.43	8345.22				
3 Social security wages	4 Social security tax withheld				
78778.59	4884.27				
5 Medicare wages and tips	6 Medicare tax withheld				
78778.59	1142.29				
d Control number	Dept.	Corp.	Employer use only		
0000172229 V5G		LVV5	25744		
c Employer's name, address, and ZIP code					
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114					
b Employer's FED ID number	a Employee's SSA number				
22-1146430	XXX-XX-8612				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
	C 16.42				
14 Other	12b D 7973.16				
26.00 LST 71.86 MA PFML 23.25 PA SUI	12c W 399.88				
	12d DD 6531.00				
	13 Stat emp	Ret. plan	3rd party sick pay		
		X			
e/f Employee's name, address and ZIP code					
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108					
15 State	Employer's state ID no.	16 State wages, tips, etc.			
	TOTAL STATE				
17 State income tax	18 Local wages, tips, etc.				
3331.32					
19 Local income tax	20 Locality name				
2046.52	TOTAL CITY				
Federal Filing Copy					
W-2		Wage and Tax Statement		2022	
Copy B to be filed with employee's Federal Income Tax Return.		OMB No. 1545-0008			

1 Wages, tips, other comp.	2 Federal income tax withheld				
70805.43	8345.22				
3 Social security wages	4 Social security tax withheld				
78778.59	4884.27				
5 Medicare wages and tips	6 Medicare tax withheld				
78778.59	1142.29				
d Control number	Dept.	Corp.	Employer use only		
0000172229 V5G		LVV5	25744		
c Employer's name, address, and ZIP code					
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114					
b Employer's FED ID number	a Employee's SSA number				
22-1146430	XXX-XX-8612				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
	C 16.42				
14 Other	12b D 7973.16				
26.00 LST 71.86 MA PFML 23.25 PA SUI	12c W 399.88				
	12d DD 6531.00				
	13 Stat emp	Ret. plan	3rd party sick pay		
		X			
e/f Employee's name, address and ZIP code					
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108					
15 State	Employer's state ID no.	16 State wages, tips, etc.			
IN	0006990568 001	17878.41			
17 State income tax	18 Local wages, tips, etc.				
577.49					
19 Local income tax	20 Locality name				
IN. State Filing Copy					
W-2		Wage and Tax Statement		2022	
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 1545-0008			

1 Wages, tips, other comp.	2 Federal income tax withheld				
70805.43	8345.22				
3 Social security wages	4 Social security tax withheld				
78778.59	4884.27				
5 Medicare wages and tips	6 Medicare tax withheld				
78778.59	1142.29				
d Control number	Dept.	Corp.	Employer use only		
0000172229 V5G		LVV5	25744		
c Employer's name, address, and ZIP code					
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114					
b Employer's FED ID number	a Employee's SSA number				
22-1146430	XXX-XX-8612				
7 Social security tips	8 Allocated tips				
9	10 Dependent care benefits				
11 Nonqualified plans	12a See instructions for box 12				
	C 16.42				
14 Other	12b D 7973.16				
26.00 LST 71.86 MA PFML 23.25 PA SUI	12c W 399.88				
	12d DD 6531.00				
	13 Stat emp	Ret. plan	3rd party sick pay		
		X			
e/f Employee's name, address and ZIP code					
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108					
15 State	Employer's state ID no.	16 State wages, tips, etc.			
IN	0006990568 001	17878.41			
17 State income tax	18 Local wages, tips, etc.				
577.49					
19 Local income tax	20 Locality name				
IN. State Filing Copy					
W-2		Wage and Tax Statement		2022	
Copy 2 to be filed with employee's State Income Tax Return.		OMB No. 1545-0008			

2022 W-2 and EARNINGS SUMMARY

City or Local Reference Copy	
W-2 Wage and Tax Statement 2022	
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008	
d Control number 0000172229 V5G	Dept. Corp. Employer use only LVV5 25745
c Employer's name, address, and ZIP code PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114	
e/f Employee's name, address, and ZIP code JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108	
b Employer's FED ID number 22-1146430	a Employee's SSA number XXX-XX-8612
1 Wages, tips, other comp. 70805.43	2 Federal income tax withheld 8345.22
3 Social security wages 78778.59	4 Social security tax withheld 4884.27
5 Medicare wages and tips 78778.59	6 Medicare tax withheld 1142.29
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 16.42
14 Other 26.00 LST 71.86 MA PFML 23.25 PA SUI	12b D 7973.16 12c W 399.88 12d DD 6531.00 13 Stat emp. Ret. plan 3rd party sick pay X
15 State Employer's state ID no. IN 0006990568 001	16 State wages, tips, etc. 17878.41
17 State income tax 577.49	18 Local wages, tips, etc. 17878.41
19 Local income tax 361.13	20 Locality name C-49NR

JACQUELINE ERGINA
5 1/2 JOY ST
APT 1
BOSTON, MA 02108

Social Security Number: XXX-XX-8612

© 2022 ADP, Inc.

PAGE 02 OF 04

1 Wages, tips, other comp. 70805.43	2 Federal income tax withheld 8345.22
3 Social security wages 78778.59	4 Social security tax withheld 4884.27
5 Medicare wages and tips 78778.59	6 Medicare tax withheld 1142.29
d Control number 0000172229 V5G	Dept. Corp. Employer use only LVV5 25745
c Employer's name, address, and ZIP code PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114	
b Employer's FED ID number 22-1146430	a Employee's SSA number XXX-XX-8612
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 16.42
14 Other 26.00 LST 71.86 MA PFML 23.25 PA SUI	12b D 7973.16 12c W 399.88 12d DD 6531.00 13 Stat emp. Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108	
15 State Employer's state ID no. IN 0006990568 001	16 State wages, tips, etc. 17878.41
17 State income tax 577.49	18 Local wages, tips, etc. 17878.41
19 Local income tax 361.13	20 Locality name C-49NR
City or Local Filing Copy W-2 Wage and Tax Statement 2022 Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008	

1 Wages, tips, other comp. 70805.43	2 Federal income tax withheld 8345.22
3 Social security wages 78778.59	4 Social security tax withheld 4884.27
5 Medicare wages and tips 78778.59	6 Medicare tax withheld 1142.29
d Control number 0000172229 V5G	Dept. Corp. Employer use only LVV5 25745
c Employer's name, address, and ZIP code PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114	
b Employer's FED ID number 22-1146430	a Employee's SSA number XXX-XX-8612
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 16.42
14 Other 26.00 LST 71.86 MA PFML 23.25 PA SUI	12b D 7973.16 12c W 399.88 12d DD 6531.00 13 Stat emp. Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108	
15 State Employer's state ID no. MA WTH-10633027-007	16 State wages, tips, etc. 21184.66
17 State income tax 968.89	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
MA. State Reference Copy W-2 Wage and Tax Statement 2022 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

1 Wages, tips, other comp. 70805.43	2 Federal income tax withheld 8345.22
3 Social security wages 78778.59	4 Social security tax withheld 4884.27
5 Medicare wages and tips 78778.59	6 Medicare tax withheld 1142.29
d Control number 0000172229 V5G	Dept. Corp. Employer use only LVV5 25745
c Employer's name, address, and ZIP code PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114	
b Employer's FED ID number 22-1146430	a Employee's SSA number XXX-XX-8612
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 16.42
14 Other 26.00 LST 71.86 MA PFML 23.25 PA SUI	12b D 7973.16 12c W 399.88 12d DD 6531.00 13 Stat emp. Ret. plan 3rd party sick pay X
e/f Employee's name, address and ZIP code JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108	
15 State Employer's state ID no. MA WTH-10633027-007	16 State wages, tips, etc. 21184.66
17 State income tax 968.89	18 Local wages, tips, etc.
19 Local income tax	20 Locality name
MA. State Filing Copy W-2 Wage and Tax Statement 2022 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008	

2022 W-2 and EARNINGS SUMMARY

PA. State Reference Copy			
W-2		2022	
Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008			
d Control number	Dept.	Corp.	Employer use only
0000172229 V5G		LVV5	25746
c Employer's name, address, and ZIP code			
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114			
e/f Employee's name, address, and ZIP code			
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108			
b Employer's FED ID number	a Employee's SSA number		
22-1146430	XXX-XX-8612		
1 Wages, tips, other comp.	2 Federal income tax withheld		
70805.43	8345.22		
3 Social security wages	4 Social security tax withheld		
78778.59	4884.27		
5 Medicare wages and tips	6 Medicare tax withheld		
78778.59	1142.29		
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12		
	C 16.42		
14 Other	26.00 LST	12b D	7973.16
	71.86 MA PFML	12c W	399.88
	23.25 PA SUI	12d DD	6531.00
		13 Stat emp Ret. plan 3rd party sick pay	
		X	
15 State	Employer's state ID no.	16 State wages, tips, etc.	
PA	1105 7882	58140.69	
17 State income tax	18 Local wages, tips, etc.		
1784.94			
19 Local income tax	20 Locality name		

JACQUELINE ERGINA
5 1/2 JOY ST
APT 1
BOSTON, MA 02108

Social Security Number: XXX-XX-8612

© 2022 ADP, Inc.

PAGE 03 OF 04

1 Wages, tips, other comp.		2 Federal income tax withheld	
70805.43		8345.22	
3 Social security wages		4 Social security tax withheld	
78778.59		4884.27	
5 Medicare wages and tips		6 Medicare tax withheld	
78778.59		1142.29	
d Control number	Dept.	Corp.	Employer use only
0000172229 V5G		LVV5	25746
c Employer's name, address, and ZIP code			
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114			
b Employer's FED ID number			
22-1146430			
a Employee's SSA number			
XXX-XX-8612			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		C 16.42	
14 Other		26.00 LST	12b D 7973.16
		71.86 MA PFML	12c W 399.88
		23.25 PA SUI	12d DD 6531.00
		13 Stat emp Ret. plan 3rd party sick pay	
		X	
e/f Employee's name, address and ZIP code			
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
PA	1105 7882	58140.69	
17 State income tax	18 Local wages, tips, etc.		
1784.94			
19 Local income tax	20 Locality name		
PA. State Filing Copy			
W-2		2022	
Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp.		2 Federal income tax withheld	
70805.43		8345.22	
3 Social security wages		4 Social security tax withheld	
78778.59		4884.27	
5 Medicare wages and tips		6 Medicare tax withheld	
78778.59		1142.29	
d Control number	Dept.	Corp.	Employer use only
0000172229 V5G		LVV5	25746
c Employer's name, address, and ZIP code			
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114			
b Employer's FED ID number			
22-1146430			
a Employee's SSA number			
XXX-XX-8612			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		C 16.42	
14 Other		26.00 LST	12b D 7973.16
		71.86 MA PFML	12c W 399.88
		23.25 PA SUI	12d DD 6531.00
		13 Stat emp Ret. plan 3rd party sick pay	
		X	
e/f Employee's name, address and ZIP code			
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
PA	1105 7882	58140.69	
17 State income tax	18 Local wages, tips, etc.		
1784.94	55198.07		
19 Local income tax	20 Locality name		
1655.96	700102		
City or Local Reference Copy			
W-2		2022	
Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008			

1 Wages, tips, other comp.		2 Federal income tax withheld	
70805.43		8345.22	
3 Social security wages		4 Social security tax withheld	
78778.59		4884.27	
5 Medicare wages and tips		6 Medicare tax withheld	
78778.59		1142.29	
d Control number	Dept.	Corp.	Employer use only
0000172229 V5G		LVV5	25746
c Employer's name, address, and ZIP code			
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114			
b Employer's FED ID number			
22-1146430			
a Employee's SSA number			
XXX-XX-8612			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		C 16.42	
14 Other		26.00 LST	12b D 7973.16
		71.86 MA PFML	12c W 399.88
		23.25 PA SUI	12d DD 6531.00
		13 Stat emp Ret. plan 3rd party sick pay	
		X	
e/f Employee's name, address and ZIP code			
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108			
15 State	Employer's state ID no.	16 State wages, tips, etc.	
PA	1105 7882	58140.69	
17 State income tax	18 Local wages, tips, etc.		
1784.94	55198.07		
19 Local income tax	20 Locality name		
1655.96	700102		
City or Local Filing Copy			
W-2		2022	
Wage and Tax Statement Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008			

2022 W-2 and EARNINGS SUMMARY

City or Local Reference Copy		Wage and Tax Statement		2022	
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008					
d Control number		Dept.	Corp.	Employer use only	
0000172229 V5G			LVV5	25747	
c Employer's name, address, and ZIP code					
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114					
e/f Employee's name, address, and ZIP code					
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108					
b Employer's FED ID number			a Employee's SSA number		
22-1146430			XXX-XX-8612		
1 Wages, tips, other comp.			2 Federal income tax withheld		
70805.43			8345.22		
3 Social security wages			4 Social security tax withheld		
78778.59			4884.27		
5 Medicare wages and tips			6 Medicare tax withheld		
78778.59			1142.29		
7 Social security tips			8 Allocated tips		
9			10 Dependent care benefits		
11 Nonqualified plans			12a See instructions for box 12		
			C 16.42		
14 Other			12b D 7973.16		
26.00 LST			12c W 399.88		
71.86 MA PFML			12d DD 6531.00		
23.25 PA SUI			13 Stat emp Ret. plan 3rd party sick pay		
			X		
15 State		Employer's state ID no.		16 State wages, tips, etc.	
PA		1105 7882		58140.69	
17 State income tax				18 Local wages, tips, etc.	
1784.94				2942.62	
19 Local income tax				20 Locality name	
29.43				700102	

JACQUELINE ERGINA
5 1/2 JOY ST
APT 1
BOSTON, MA 02108

Social Security Number: XXX-XX-8612

© 2022 ADP, Inc.

PAGE 04 OF 04

1 Wages, tips, other comp.		2 Federal income tax withheld	
70805.43		8345.22	
3 Social security wages		4 Social security tax withheld	
78778.59		4884.27	
5 Medicare wages and tips		6 Medicare tax withheld	
78778.59		1142.29	
d Control number		Dept.	Corp.
0000172229 V5G			LVV5
Employer use only			
25747			
c Employer's name, address, and ZIP code			
PNC BANK NA 1900 EAST 9TH ST B7-YB13-23-1 CLEVELAND, OH 44114			
b Employer's FED ID number			
22-1146430			
a Employee's SSA number			
XXX-XX-8612			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
		C 16.42	
14 Other		12b D 7973.16	
26.00 LST		12c W 399.88	
71.86 MA PFML		12d DD 6531.00	
23.25 PA SUI		13 Stat emp Ret. plan 3rd party sick pay	
		X	
e/f Employee's name, address and ZIP code			
JACQUELINE ERGINA 5 1/2 JOY ST APT 1 BOSTON, MA 02108			
15 State		Employer's state ID no.	
PA		1105 7882	
16 State wages, tips, etc.		58140.69	
17 State income tax		18 Local wages, tips, etc.	
1784.94		2942.62	
19 Local income tax		20 Locality name	
29.43		700102	
City or Local Filing Copy		Wage and Tax Statement	
W-2		2022	
Copy 2 to be filed with employee's City or Local Income Tax Return. OMB No. 1545-0008			

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

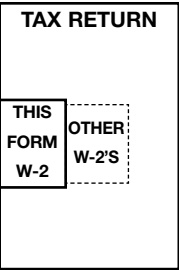
Department of the Treasury - Internal Revenue Service

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.