

Form **W-2** Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy C for Employee's Records. (See Notice to Employee on back of Copy B)

c Employer's name, address and zip code University of Pittsburgh 4200 Fifth Avenue Pittsburgh, PA 15260		7 Social security tips 0.00	1 Wages, tips, other compensation 44,629.35	2 Federal income tax withheld 7,631.62
e Employee's name, address and zip code Darling, Elizabeth 2001 Campus Drive Pittsburgh, PA 15213		8 Allocated tips 0.00	3 Social security wages 48,736.35	4 Social security tax withheld 3,021.65
		9 Advance EIC payment 0.00	5 Medicare wages and tips 48,736.35	6 Medicare tax withheld 706.68
		12a See instructions for box 12	10 Dependent care benefits 1,000.00	11 Nonqualified plans 0.00
		12b E	4,107.00	12c P
		12d W	1,500.00	13 Statutory emp W
		14 Other	14A 160.00	14D 50.00
		b Employer identification number XX-XXXXXXX	d Employee's social security number XXX-XX-XXXX	14E 260.00
		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.		
PA	XXXX XXXX	\$47,808.35	1,467.72	\$47,808.35
15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc.
				19 Local income tax
				20 Locality name

Box 1

Wages, Tips & Other Compensation

\$51,333.35	Salary
+ 600.00	Benefit Credit
+ 50.00	Imputed Income
+ 160.00	Taxable Tickets
+ 260.00	Taxable Moving Expense
+ 1,600.00	Taxable Scholarship
- 4,107.00	Tax Deferred Retirement
- 92.00	Parking
- 2,425.00	HlthCare Spending Fund
- 1,500.00	Health Savings Account
- 250.00	Med/Dent/Vision
- 1,000.00	Dependent Care
= \$44,629.35	Amount subject to Federal Income Tax

Box 3

Social Security Wages (FICA)

\$51,333.35	Salary
+ 600.00	Benefit Credit
+ 50.00	Imputed Income
+ 160.00	Taxable Tickets
+ 260.00	Taxable Moving Expense
+ 1,600.00	Taxable Scholarship
- 92.00	Parking
- 2,425.00	HlthCare Spending Fund
- 1,500.00	Health Savings Account
- 250.00	Med/Dent/Vision
- 1,000.00	Dependent Care
= \$48,736.35	Amount subject to Social Security Tax

Note: Total Social Security Wage Base Not to Exceed \$160,200

Box 5

Medicare Wages

\$51,333.35	Salary
+ 600.00	Benefit Credit
+ 50.00	Imputed Income
+ 160.00	Taxable Tickets
+ 260.00	Taxable Moving Expense
+ 1,600.00	Taxable Scholarship
- 92.00	Parking
- 2,425.00	HlthCare Spending Fund
- 1,500.00	Health Savings Account
- 250.00	Med/Dent/Vision
- 1,000.00	Dependent Care
= \$48,736.35	Amount subject to Medicare tax

Box 2

Federal Income Tax Withheld FIT
Total Federal Income tax withheld for the tax year

Box 4

Social Security Tax Withheld
Amount in Box 3 X rate of 6.2% (maximum of \$9,932.40)

Box 6

Medicare Tax Withheld
Amount in Box 5 X rate of 1.45%
*Additional 0.9% for compensation exceeding \$200,000

Box e**Employee's Name & Address**

Employee's name and address as it appears in the Payroll Master File

Box 9**Advance EIC Payment**

Amount paid to the employee as Earned Income Credit advance payment (Form W-5)

Box 10**Dependent Care Benefit**

Amount paid for dependent care

Box 11**Nonqualified plans**

Taxable amount from a nonqualified deferred compensation plan

Box 12**Other**

Code	Description
(C)	Imputed Life
(E)	Retirement (TIAA)
(G)	Employee Pre-Tax 457(b) Retirement
(P)	Qualified Relocation
(W)	Health Savings Account
(BB)	Roth IRA
(DD)	Employee and Employer contributions to your medical plan
(EE)	Employee 457(b) Roth

Box 13**Retirement Plan**

An "X" indicates that employee participated in retirement plan.

Box 14**Other: Taxable Fringe Benefits**

Code	Description
14A	Basketball Tickets Football Tickets
14B	Scholar Med Scholar Med Refund
14C	Executive Misc
14D	Imputed Income Imputed Medical
14E	NonQualified Moving
14H	Scholarship
14I	Scholar ADD Scholar ADD Refund Scholar Life Scholar Life Refund
14J	Scholar Bus Pass Scholar Bus Pass Refund
14X	Local Service Tax (LST)

Box 16**State Wages, Tips, Etc.**

	\$51,333.35	Salary
+	600.0	Benefit Credit
+	50.00	Imputed Income
-	2,425.00	HlthCare Spending Fund
-	1,500.00	Health Savings Account
-	250.0	Med/Dent/Vision
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=	\$47,808.35	Amount subject to State Income Tax

Please note: This example is for PA only.

Box 17**State Income Tax**

Total state income tax withheld for the tax year

Box 18**Local Wages, Tips, Etc**

	\$51,333.35	Salary
+	600.00	Benefit Credit
+	50.00	Imputed Income
-	2,425.0	HlthCare Spending Fund
-	1,500.0	Health Savings Account
-	250.0	Med/Dent/Vision
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=	\$47,808.35	Amount subject to Local Income Tax

Please note: This example if for PA only.

Box 19**Local Income Tax**

Total local income tax withheld for the tax year

Box 20**Locality Name**

70 - Tax Collection District for Jordan Tax Service