2024 W-2 and EARNINGS SUMMARY

PAGE 01 OF 01

Wage and Tax Statement Control number Corp. Employer use only 0000005712 UUQ CKR5 16260 Employer's name, address, and ZIP code UNIVERSITY OF PITTSBURGH **4200 FIFTH AVENUE** PITTSBURGH, PA 15260 e/f Employee's name, address, and ZIP code **ELIZABETH A DARLING** 2001 CAMPUS DRIVE PITTSBURGH, PA 15213 Employer's FED ID number 25-0965591 a Employee's SSA number XXX-XX-0000 ages, tips, other comp Federal income tax withheld 44629.35 7631.62 Social security tax withheld Social security wages 48736.35 3021.65 Medicare wages and tips 6 Medicare tax withheld 487<u>36.35</u> 706.68 Social security tips 8 Allocated tips 10 Dependent care benefits 1000.00 11 Nonqualified plans 12a See instructions for 14 Other 160.00 14A 14D 50.00 1500.00 260.00 14F 13 Stat emp Ret. plan 3rd party sick pay 1600.00 14H 15 State Employer's state ID no. 16 State wages, tips, etc. PA 15985369 47808.35 17 State income tax 1467.72 47808.35 19 Local income tax 20 Locality name 693.22 700102

Reference

Copy

Employee

ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15213 Social Security Number: XXX-XX-0000

1	Wages, tips, other of 4462	omp. 29.35	2 Federal income tax withheld 7631.62		
3	Social security wag	es 36.35	4 Social security tax withheld 3021.65		
5	Medicare wages and 4873	d tips 36.35	6 Medicare tax withheld 706.68		
d	Control number	Dept.	Corp.	Employer use only	
0000005712 UUQ			CKR5	16260	

Employer's name, address, and ZIP code UNIVERSITY OF PITTSBURGH **4200 FIFTH AVENUE** PITTSBURGH, PA 15260

b Employer's FED ID number 25-0965591				a Employee's SSA number XXX-XX-0000		
7	Social s	ecurity ti	ps	8 Alloca	ated tips	-
9				10 Depe	ndent car	e benefits 1000.00
11	Nonqual	ified plan			nstructio	ns for box 12
14	Other	160.00	14A 14D	^{12b} E		4107.00
		50.00 260.00	14E	^{12c} P		4217.27
		1600.00	14H	^{12d} W		1500.00
				13 Stat em	p. Ret. plan	3rd party sick pay

e/f Employee's name, address and ZIP code

ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15213

	15	State PA	Employer's 15985369	state ID no.	16 State wages, tips, etc. 47808.35
	17	State	income tax 14	467.72	18 Local wages, tips, etc. 47808.35
	19 Local income tax 693.22		693.22	20 Locality name 700102	
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Wage and Tax Statement

Copy B to be filed with employee's Federal Income Tax Re

1	Wages, tips, other o	omp. 29.35	2 Federal income tax withheld 7631.62		
3	Social security wag 487	es 36.35	4 Social security tax withheld 3021.65		
5	Medicare wages an 487	d tips 36.35	6 Medicare tax withheld 706.68		
d 00	Control number 00005712 UUQ	Dept.	Corp.	Employer use only 16260	
С	Employer's name, a	ddress, a	nd ZIP cod	le	

UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260

b	Employer's FED ID number 25-0965591			a Employee's SSA number XXX-XX-0000		
7	Social se	ecurity tip	s	8 Alloc	ated tips	
9				10 Depe	ndent care benefits 1000.00	
11	Nonqua	ified plan	S	12a	1	
14	Other	160.00 50.00	14A 14D	^{12b} E	4107.00	
	260.00 14E 1600.00 14H	14E	^{12c} P	4217.27		
		14H	^{12d} W	1500.00		
				13 Stat en	np. Ret. plan 3rd party sick pay	

e/f Employee's name, address and ZIP code

ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15213

15	State PA	Employ 15985		ID no.	16	State wages, tips, etc. 47808.3	5
17	17 State income tax 1467.72			18	Local wages, tips, etc. 47808.3	5	
19	19 Local income tax 693.22			20	Locality name 700102		
		PA.	State	Filin	g	Сору	

Wage and Tax Statement Copy 2 to be filed with employee's State Income Tax Reti

1	Wages, tips, other of	omp. 29.35	2 Federal income tax withheld 7631.62			
3	Social security wag	es 36.35	4 Social	security tax withheld 3021.65		
5	Medicare wages an 4873	d tips 36.35	6 Medica	6 Medicare tax withheld 706.68		
d 00	Control number 000005712 UUQ	Dept.	Corp.	Employer use only 16260		
С	Employer's name, a	ddress, a	nd ZIP cod	le		
	UNIVERSITY O	F PITT	SBURGI	4		

4200 FIFTH AVENUE PITTSBURGH, PA 15260

b	Employer's FED ID number 25-0965591			аЕ	mpl	oye	e's SSA XXX-X	Number X-0000	5
7	Social s	security ti	ps	8 4	Alloc	ate	d tips		
9				10 1	Depe	nd	ent care	benefits	
11	Nonqua	lified plar	ıs	12a		ı			
14	Other	160.00	14A	12b	Е	Ì		4107.0	0
	50.00 14D 260.00 14E	14E	12c	Р	Ī		4217.2	7	
		1600.00	14H	12d	W	1		1500.0	0
				13 9	Stat e	mp.	Ret. plan	3rd party s	sick pay

e/f Employee's name, address and ZIP code

ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15213

15	State PA	Employer's state ID no. 15985369	16 State wages, tips, etc. 47808.35		
17	State	income tax 1467.72	18 Local wages, tips, etc. 47808.35		
19	Local	income tax 693.22	20 Locality name 700102		
		City or Local	Filing Conv		

Filing

Wage and Tax Statement Copy 2 to be filed with employee's City or Local Incom Box 1 Box 3 Box 5

Wa	ges, Tips & O	ther 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

	Social Se	ecurity 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	HIthCare 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 y Wage Base Not to Exceed \$168,600

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 \$10,453.20)

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

	<u>Other</u>
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		
<u>Code</u>	<u>Description</u>	
14A	Basketball Tickets Football Tickets	
14B	Scholar Med Scholar Med Refund	
14C	Executive Misc	
14D	Imputed Income Imputed Medical	
14E	NonQualified Moving	
14H	Scholarship	
141	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		
+	600.00	Benefit Credit		
+	50.00	Imputed Income		
-	2,425.00	HlthCare Spending Fund		
-	1,500.00	Health Savings Account		
-	250.00	Med/Dent/Vision		
=	\$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			
+ +	\$51,333.35 600.00 50.00 2,425.00 1,500.00 250.00	Salary Benefit Credit Imputed Income HIthCare Spending Fund Health Savings Account Med/Dent/Vision	
=	\$47,808.35 Please note: This	Amount subject to Local Income Tax 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