

2020 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 a Employee's masked Social Security Number

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 \$137,700.00.

Box 4 **Social Security Tax Withheld**

The total Social Security tax withheld, not to exceed \$8,537.40.

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.

T- Pre-Tax Adoption. Tax benefits for adoption include an exclusion from income for employer-provided adoption assistance.

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.
- PPL** Prepaid Legal Expense.
- TPS** The amount of sick pay paid by a Third Party Provider.
- TMV** Taxable Moving Expense
- **TME** (NYS)
- **UME** (CUNY)
- TXP** Taxable transportation fringe benefits (parking) in excess of IRS excludable amounts.
- 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.
- CLF, CLP, FMC** Qualified Sick leave wages or qualified family leave wages under the Families First Coronavirus Response Act:

CLF – Sick leave wages subject to the \$511 per day limit because of care you required;
CLP – Sick leave wages subject to the \$200 per day limit because of care you provided to another; and
FMC – Emergency family leave wages.

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
UT - Utah
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