

## W-2 Reprint

The process described in this job aid are the steps required for agency payroll officers to reprint employee's W-2's when requested.

Step	Action																		
1	Employee requests a W-2 reprint of the last tax calendar year or the previous year(s).																		
2	Navigate to: Main Menu > Payroll for North America > U.S. Annual Processing > Create W-2 Data > View W-2 Forms																		
3	<p>Enter Empl ID for the employee that has requested the reprint.</p> <p><b>View W-2 Forms</b></p> <p>Enter any information you have and click Search. Leave fields blank for a list of all values.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p style="background-color: #4f81bd; color: white; padding: 2px 5px; display: inline-block;">Find an Existing Value</p> </div> <div style="background-color: #4f81bd; color: white; padding: 2px 5px; margin-bottom: 10px;">             ▼ Search Criteria         </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Empl ID:</td> <td style="width: 15%;">begins with ▼</td> <td style="width: 65%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Name:</td> <td>begins with ▼</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Last Name:</td> <td>begins with ▼</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Second Last Name:</td> <td>begins with ▼</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Alternate Character Name:</td> <td>begins with ▼</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Middle Name:</td> <td>begins with ▼</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table> <p>Limit the number of results to (up to 300): <input style="width: 40px;" type="text" value="300"/></p> <div style="display: flex; gap: 10px; margin-top: 10px;"> <span style="background-color: #4f81bd; color: white; padding: 5px 15px; border-radius: 3px;">Search</span> <span style="background-color: #ccc; padding: 5px 15px; border-radius: 3px;">Clear</span> <span><a href="#">Basic Search</a></span> <span> <a href="#">Save Search Criteria</a></span> </div>	Empl ID:	begins with ▼	<input style="width: 95%;" type="text"/>	Name:	begins with ▼	<input style="width: 95%;" type="text"/>	Last Name:	begins with ▼	<input style="width: 95%;" type="text"/>	Second Last Name:	begins with ▼	<input style="width: 95%;" type="text"/>	Alternate Character Name:	begins with ▼	<input style="width: 95%;" type="text"/>	Middle Name:	begins with ▼	<input style="width: 95%;" type="text"/>
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Step	Action
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4 The View W-2 page should display.

**View W-2**

DOE,JOHN

Available W-2 forms are listed below. Please click on Year End Form link to view printable W-2 form or on Filing Instructions link to view printable filing instructions.

Select Year End Form <span>?</span> <span>Personalize</span> <span>1-5 of 5</span>						
Tax Year	W-2 Reporting Company	Tax Form ID	Issue Date	Year End Form	Filing Instructions	Final Print
2015	NYS	W-2	01/08/2016	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>
2014	NYS	W-2	02/26/2015	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>
2013	NYS	W-2	11/19/2014	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>
2012	NYS	W-2	08/17/2015	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>
2011	NYS	W-2	08/18/2015	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>


[Return to Search](#)

5 The user is able to select any tax calendar year for reprinting by clicking on the Year End Form hyperlink for the tax year to be reprinted.

**View W-2**

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[Return to Search](#)

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6 After the reprint is complete, the user will need to either: Stamp or Write 'REISSUED STATEMENT' on each copy (B, C & 2) of the employee's W-2 before distributing the W-2 reprint.

The image shows three identical copies of Form W-2 Wage and Tax Statement for the year 2015. Each form is for the State of New York, with the employer's name and address listed as STATE OF NEW YORK, 110 STATE STREET, ALBANY NY 12236. The forms are stamped with 'REISSUED STATEMENT' in large red letters. Red arrows point to the following sections on each form:

- Copy B:** Points to the bottom left section: 'Copy B-To Be Filed With Employee's FEDERAL Tax Return'.
- Copy C:** Points to the bottom left section: 'Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)'.
- Copy 2:** Points to the bottom left section: 'Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return'.

Each form includes the following fields:

- 7 Social security tips**
- 8 Allocated tips**
- 9**
- 10 Dependent care benefits**
- 11 Nonqualified plans**
- 12a See instructions for box 12**
- 12b**
- 12c**
- 12d**
- 13** (with checkboxes for Retiree, Retirement plan, and Temporary sick pay)
- 14 Other**
- 15 State** (Employee'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**

7 To print out the back of the W-2 Instructions page, the user should click on the Filing Instructions hyperlink.

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	<p><b>View W-2</b></p> <p>DOE,JOHN</p> <p>Available W-2 forms are listed below. Please click on Year End Form link to view printable W-2 form or on Filing Instructions link to view printable filing instructions.</p> <div data-bbox="207 443 1500 762"> <p>Select Year End Form <span>?</span> <span>Personalize   1-5 of 5</span></p> <table border="1"> <thead> <tr> <th data-bbox="212 478 289 531">Tax Year</th> <th data-bbox="298 478 440 531">W-2 Reporting Company</th> <th data-bbox="449 478 553 531">Tax Form ID</th> <th data-bbox="563 478 678 531">Issue Date</th> <th data-bbox="688 478 992 531">Year End Form</th> <th data-bbox="1002 478 1321 531">Filing Instructions</th> <th data-bbox="1331 478 1495 531">Final Print</th> </tr> </thead> <tbody> <tr> <td data-bbox="212 541 289 573">2015</td> <td data-bbox="298 541 440 573">NYS</td> <td data-bbox="449 541 553 573">W-2</td> <td data-bbox="563 541 678 573">01/08/2016</td> <td data-bbox="688 541 992 573"><a href="#">Year End Form</a></td> <td data-bbox="1002 541 1321 573"><a href="#">Filing Instructions</a></td> <td data-bbox="1331 541 1495 573"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="212 583 289 615">2014</td> <td data-bbox="298 583 440 615">NYS</td> <td data-bbox="449 583 553 615">W-2</td> <td data-bbox="563 583 678 615">02/26/2015</td> <td data-bbox="688 583 992 615"><a href="#">Year End Form</a></td> <td data-bbox="1002 583 1321 615"><a href="#">Filing Instructions</a></td> <td data-bbox="1331 583 1495 615"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="212 625 289 657">2013</td> <td data-bbox="298 625 440 657">NYS</td> <td data-bbox="449 625 553 657">W-2</td> <td data-bbox="563 625 678 657">11/19/2014</td> <td data-bbox="688 625 992 657"><a href="#">Year End Form</a></td> <td data-bbox="1002 625 1321 657"><a href="#">Filing Instructions</a></td> <td data-bbox="1331 625 1495 657"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="212 667 289 699">2012</td> <td data-bbox="298 667 440 699">NYS</td> <td data-bbox="449 667 553 699">W-2</td> <td data-bbox="563 667 678 699">08/17/2015</td> <td data-bbox="688 667 992 699"><a href="#">Year End Form</a></td> <td data-bbox="1002 667 1321 699"><a href="#">Filing Instructions</a></td> <td data-bbox="1331 667 1495 699"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="212 709 289 741">2011</td> <td data-bbox="298 709 440 741">NYS</td> <td data-bbox="449 709 553 741">W-2</td> <td data-bbox="563 709 678 741">08/18/2015</td> <td data-bbox="688 709 992 741"><a href="#">Year End Form</a></td> <td data-bbox="1002 709 1321 741"><a href="#">Filing Instructions</a></td> <td data-bbox="1331 709 1495 741"><input checked="" type="checkbox"/></td> </tr> </tbody> </table> <p data-bbox="212 831 391 856"><a href="#">Return to Search</a></p> </div>	Tax Year	W-2 Reporting Company	Tax Form ID	Issue Date	Year End Form	Filing Instructions	Final Print	2015	NYS	W-2	01/08/2016	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>	2014	NYS	W-2	02/26/2015	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>	2013	NYS	W-2	11/19/2014	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>	2012	NYS	W-2	08/17/2015	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>	2011	NYS	W-2	08/18/2015	<a href="#">Year End Form</a>	<a href="#">Filing Instructions</a>	<input checked="" type="checkbox"/>
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8	The W-2 Instructions for that Tax Year are displayed.																																										

**Step****Action****NOTICE TO EMPLOYEE:**

**Refund.** Even if you do not 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.

**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 Social Security Administration (SSA) to correct any name, SSN or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not 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 1-800-772-1213. You also may visit the SSA at [www.socialsecurity.gov](http://www.socialsecurity.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 2015 and more than \$7,347 in social security taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See your Form 1040 or Form 1040A instructions and IRS Publication 505, Tax Withholding and Estimated Tax.

**Note:** Keep Copy C of Form W-2 for at least 4 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.

**Earned Income Credit (EIC).** You may be able to take the EIC for 2015 if (a) you do not have a qualifying child and you earned less than \$14,820 (\$20,330 if married filing jointly), (b) you have one qualifying child and you earned less than \$39,131 (\$44,651 if married filing jointly), (c) you have two qualifying children and you earned less than \$44,454 (\$49,974 if married filing jointly), or (d) you have three or more qualifying children and you earned less than \$47,747 (\$53,267 if married filing jointly). You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than \$3,400. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

**INSTRUCTIONS FOR EMPLOYEE (Also see Notice to Employee, on the back of Copy B.)**

**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 6.** This amount includes 1.45% Medicare Tax withheld on all Medicare wages in Box 5 and 0.9% Additional Medicare Tax on Medicare wages above \$200,000.

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf. Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and non-taxable amounts.

**Remove address panel below to view additional instructions on back of Copy 2**

**Box 12.** If there is an amount in box 12, there will be a code next to it. You may need this information to complete your tax return. Amounts recorded in box 12 are not included in box 1 except code EE. Elective deferrals (codes E and G) and designated Roth contributions (code EE) are generally limited to a total of \$18,000 (\$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Publication 571). However, if you were at least age 50 in 2015, your employer may have allowed an additional deferral of up to \$6,000. 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 "Wages, Salaries, Tips, etc." line instructions for Form 1040.

E - Section 403(b) contributions      G - Section 457(b) contributions (Deferred Compensation)      P - Excludable Moving Expense Reimbursements

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

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. The "Third Party Sick Pay" box is checked reporting sick pay payments made by a third party.

**Box 14.** If there is an amount in box 14, there will be a code next to it. All except 414(H) Retirement Contributions, City University of New York (CUNY) IRC Section 125 amounts, Chaplain Parsonage Allowance, and Workers Compensation Excluded amounts are included in box 1.

UTA - Uniform or Tool Allowance      EDA - Education Assistance      PPL - Prepaid Legal Expense      CPA - Chaplain Parsonage Allowance

FRB - Taxable Fringe Benefit (Certification/Licensing Exam Fee Reimbursement, Housing Allowance-SUNY)

IMP - Imputed Income (The value of the employer contribution for health insurance benefits provided to an employee's Domestic Partner.) This amount must be reported for Federal, State and Local taxes.

TXP - Taxable Parking and Transportation Fringe Benefits in excess of IRS excludable amounts.

EXP - Taxable Expense (The amount "In Lieu of Expense", non-overnight meal allowances, or amounts of per diem or personal car mileage reimbursements which exceed Federal Standard Rates.)

414H - Contributions to a Retirement System (These are excludable for Federal income tax only and are not included in box 1. This amount must be reported for State and Local taxes.)

WCX - Non-taxable employer paid Workers' Compensation leave payments.

IRC125 - (For CUNY employees only) Dependent Care, Flexible Spending Account and Non-taxable Health Insurance (These are excludable for Federal income tax only and are not included in box 1. This amount must be reported for State and Local taxes.)

MNA - Military Pay exempt from NYS income tax as provided by NYS Tax Law.

TPS - Third Party Sick Pay.

PEV - Personal Use Employer Provided Vehicle.