Attachment A 2014 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 the following companies:

14-6013200 New York State

13-3893536 City University of New York 14-6019701 SUNY Construction Fund

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

\$117,00.00.

Box 4 Social Security Tax Withheld

The total Social Security tax withheld, not to exceed \$7,254.00.

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

P- Excludable moving expense reimbursements (not included in Boxes 3 and 5)

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.

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 non-taxable retirement contributions made to New York State, City retirement systems or to TIAA/CREF. 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 Non-Taxable 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.

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Box 14 (con't) TPS The amount of sick pay paid by a Third Party

Provider.

TXP Taxable transportation fringe benefits (parking) in

excess of IRS excludable amounts.

PPL Pre-Paid Legal Expense.

UTA Uniform/Tool Allowance

WCX Workers' Compensation excluded amount.

This is the total amount of current year gross wages paid while on a work related injury.

Box 15 State

A two-letter code as identified below indicating which State wages were reported to.

CA - California

DC - District of Columbia

FL - Florida

GA - Georgia

IL - Illinois

MA - Massachusetts

MD - Maryland

NJ - New Jersey

NY - New York

OH - Ohio

PA - Pennsylvania

SC - South Carolina

TX - Texas

VA - Virginia

Box 16 State Wages

The State wages are the same amount required to be reported for Federal wages in Box ${\bf 1}$ - 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.

LocalityLocality CodeNew York CityP0001Yonkers84000Anne Arundal003