

Payroll Bulletin No. 1541  
Attachment A  
2016 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 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 \$118,500.00.

**Box 4 Social Security Tax Withheld**

The total Social Security tax withheld, not to exceed \$7,347.00.

**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. Checked for employees who received Third Party Sick Pay benefits.

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

Box 15

### **State**

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

AZ - Arizona

CA - California

CT - Connecticut

DC - District of Columbia

FL - Florida

GA - Georgia

IA - Iowa

IL - Illinois

MA - Massachusetts

MD - Maryland  
MI - Michigan  
MN - Minnesota  
MO - Missouri  
NC - North Carolina  
NJ - New Jersey  
NM - New Mexico  
NC - North Carolina  
NY - New York  
OH - Ohio  
OK - Oklahoma  
PA - Pennsylvania  
SC - South Carolina  
TX - Texas  
VA - Virginia  
VT - Vermont

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**

New York City  
Yonkers

P0001  
84000