

Sample W-2

| Form W-2 Wage and Tax Statement 2022 | | 7 Social security tips | 1 Wages, tips, other compensation | 2 Federal income tax withheld | |
|--|--|--|--|---------------------------------|---------------------------------------|
| c Employer's name, address, and ZIP code STATE OF DELAWARE 820 SILVER LAKE BLVD., SUITE 100 DOVER DE 19904 | | 8 Allocated tips | 45146.22 | 3109.56 | |
| | | 9 | 3 Social security wages | 2902.93 | |
| | | 10 Dependent care benefits | 46821.40 | 678.91 | |
| | | 11 Nonqualified plans | 46821.40 | 260.00 | |
| e Employee's name, address, and ZIP code STATE EMPLOYEE 275 MAIN STREET DOVER, DE 19904 | | 13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay | 5 Medicare wages and tips | 12a See instructions for box 12 | |
| | | b Employer identification number (EIN) 51-6000279 | 14 Other | 12b DD 14681.52 | |
| | | a Employee's social security number | 12c | 12d | |
| | | 15 State Employer's state ID number DE 516000279 | 16 State wages, tips, etc. 45146.22 | 17 State income tax 1648.38 | 18 Local wages, tips, etc. 6186.10 |

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 Dept. of the Treasury - IRS Visit the IRS website at www.irs.gov/efile.

Sample Pay advice

| Paycheck Summary | | | | | | |
|------------------|----------------|---------------|-----------------|-------------|------------------|-----------|
| | Gross Earnings | Fed Tax Gross | State Tax Gross | Total Taxes | Total Deductions | Net Pay |
| Current | 2,067.30 | 1,740.59 | 1740.59 | 322.39 | 364.94 | 1,379.97 |
| YTD | 53,172.82 | 45,146.22 | 45146.22 | 8,417.11 | 9,009.38 | 35,746.33 |

| Earnings | | | | Taxes | | |
|---------------|--------------|-----------------|------------------|---------------------------|---------------|-----------------|
| Description | Hours | Amount | YTD Amount | Description | Amount | YTD Amount |
| Regular Pay | 60.00 | 1,653.84 | 45,222.53 | Fed Withholding | 120.10 | 3,109.56 |
| Holiday | 15.00 | 413.46 | 2,044.21 | Fed MED/EE | 26.28 | 678.91 |
| Annual Lea | | | 2,890.66 | Fed OASDI/EE | 112.38 | 2,902.93 |
| Sick Leave | | | 2,605.81 | DE Withholding | 63.63 | 1,648.38 |
| FHD | | | 409.61 | DE WILMINGTON Withholding | | 77.33 |
| Total: | 75.00 | 2,067.30 | 53,172.82 | Total: | 322.39 | 8,417.11 |

| Before-Tax Deductions | | | After Tax Deductions | | | Employer Paid Benefits | | |
|-----------------------|---------------|-----------------|----------------------|--------------|---------------|------------------------|--------|------------|
| Description | Amount | YTD Amount | Description | Amount | YTD Amount | Description | Amount | YTD Amount |
| RegPenCd | 62.01 | 1,415.18 | STLIFE | 22.85 | 582.90 | | | |
| Medical | 81.04 | 1,944.96 | UWay/SECC | 15.38 | 399.88 | Medical | 530.69 | 12,736.56 |
| Dental | 37.70 | 881.66 | | | | | | |
| StateVis | 5.20 | 124.80 | | | | | | |
| DC 457(b) | 10.00 | 260.00 | | | | | | |
| HltCareSp | 96.15 | 2,500.00 | | | | | | |
| DepCareSp | 34.61 | 900.00 | | | | | | |
| Total: | 326.71 | 8,026.60 | Total: | 38.23 | 982.78 | | | |

Sample W-2 Descriptions

| | |
|---|-------------------------------|
| BOX 1 WAGES | 45146.22 |
| BOX 2 FEDERAL INCOME TAX WITHHELD – Matches YTD on pay advice | 3109.56 |
| BOX 3 SOCIAL SECURITY WAGES GROSS WAGES plus Employer Provided Vehicle Usage and Group-Term Life Insurance less Pretax Flex/Pretax Benefits and Sect 125 Benefit Deductions (See full calculation for Block 5) | 46821.40 |
| BOX 4 SOCIAL SECURITY WITHHELD – Matches YTD on pay advice | 2902.93 |
| BOX 5 MEDICARE WAGES CALCULATION GROSS WAGES - YTD on pay advice Less: Dependent Care Benefits on W-2 Less: Flex/Pretax Sect 125 on Pay Advice | 53172.82 900.00 5451.42 |
| BOX 5 MEDICARE WAGES | 46821.40 |
| BOX 6 MEDICARE TAX WITHHELD – Matches Fed MED/EE on pay advice (\$48750.14 X .0145) | 678.91 |
| BOX 10 DEPENDENT CARE BENEFITS - (Dependent Care Spending Account total) | 900.00 |
| BOX 12 G – Section 457(b) Contributions Deferred Compensation DD – Cost of employer-sponsored health coverage | 260.00 14681.52 |
| BOX 13 STATUS CHECKBOX - RETIREMENT PLAN Indicates employee was active participant in a retirement plan (for any part of the year) | X |
| BOX 14 OTHER | BLANK |
| BOX 16 STATE WAGES Same as BOX 1 | 45146.22 |
| BOX 17 STATE INCOME TAX – Matches YTD on pay advice | 1648.38 |
| BOX 18 LOCAL WAGES – Calculation same as BOX 5 using wages subject to Local instead of Gross wages. In this example, only a portion of the employee’s wages, \$6186.10, are subject to Local tax. | 6186.10 |
| BOX 19 LOCAL INCOME TAX (WILMINGTON) – Matches YTD on pay advice | 77.33 |