

DEPARTMENT OF DEFENSE										1. Pay Period End 03/23/24											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 03/29/24											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04		5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00												
8. Soc Sec No ***-**-3772			9. Locality % 19.99		10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25										
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 GECU				16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK													
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6577.10		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21. Current Year to Date										22.											
GROSS PAY 3142.40 21684.80																					
TAXABLE WAGES 2808.73 19470.99																					
NONTAXABLE WAGES 333.67 2213.81																					
TAX DEFERRED WAGES																					
DEDUCTIONS 1486.30 10236.99																					
AEIC																					
NET PAY 1656.10 11447.81																					
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		2450.00		FEGLI		W0		13.44		92.80							
FEGLI OPTNL		B		12.30		84.90		FEHB		112		262.60		1788.82							
MEDICARE				40.73		282.33		OASDI				174.14		1207.20							
RETIRE, FERS		K		25.14		173.48		VCS DEDUCT		JC		125.00		875.00							
TAX, FEDERAL				376.88		2612.47		TSP LOANS		019008G		35.00		245.00							
DENTAL				50.96		304.36		VISION				20.11		120.63							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		40.00		17.00		47.00				125.00		53.00					
SICK		106.75		4.00		20.00				28.50				98.25							
HOLIDAY										8.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		46.40		FEHB		646.18		4453.74											
MEDICARE		40.73		282.33		OASDI		174.14		1207.20											
RETIRE, FERS		578.20		3990.00		TSP BASIC		31.42		216.82											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. IT IS YOUR DUTY TO COMPLY WITH FEDERAL TAX LAWS. CALL THE IRS FOR ASSISTANCE AT 1-800-829-1040 OR ACCESS THEIR WEBSITE AT WWW.IRS.GOV. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE											1. Pay Period End 04/06/24						
CIVILIAN LEAVE AND EARNINGS STATEMENT LES											2. Pay Date 04/12/24						
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																	
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00							
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25					
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS					16. Financial Institution - Allotment #2 GECU							
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Status		Exemptions 0 0		Taxing Authority		19. Cumulative Retirement FERS: 6602.24		20. Military Deposit	
21.											22.						
GROSS PAY											3142.40			24827.20			
TAXABLE WAGES											2808.73			22279.72			
NONTAXABLE WAGES											333.67			2547.48			
TAX DEFERRED WAGES																	
DEDUCTIONS											2061.30			12298.29			
AEIC																	
NET PAY											1081.10			12528.91			
CURRENT EARNINGS																	
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR PAY		80.00		3142.40													
DEDUCTIONS																	
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE			
ALLOTMENT,SV		(3)		925.00		3375.00		FEGLI		W0		13.44		106.24			
FEGLI OPTNL		B		12.30		97.20		FEHB		112		262.60		2051.42			
MEDICARE				40.73		323.06		OASDI				174.14		1381.34			
RETIRE, FERS		K		25.14		198.62		VCS DEDUCT		JC		125.00		1000.00			
TAX, FEDERAL				376.88		2989.35		TSP LOANS		019008G		35.00		280.00			
DENTAL				50.96		355.32		VISION				20.11		140.74			
LEAVE																	
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE	
ANNUAL		132.00		8.00		48.00				47.00				133.00		53.00	
SICK		106.75		4.00		24.00				28.50				102.25			
HOLIDAY										8.00							
BENEFITS PAID BY GOVERNMENT FOR YOU																	
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE							
FEGLI		6.72		53.12		FEHB		646.18		5099.92							
MEDICARE		40.73		323.06		OASDI		174.14		1381.34							
RETIRE, FERS		578.20		4568.20		TSP BASIC		31.42		248.24							
REMARKS																	
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. YOUR PASSWORD HAS BEEN ESTABLISHED/CHANGED FOR ACCESSING MYPAY. IF YOU DID NOT TAKE THIS ACTION, CONTACT 1-888-332-7411 OR (216) 522-5096. SAVINGS ALLOTMENT CHANGED, PLEASE VERIFY. PRETAX FEHB EXCLUSION \$ 262.60																	



DEPARTMENT OF DEFENSE										1. Pay Period End 05/04/24											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 05/10/24											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00											
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6652.52		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.										Current		Year to Date		22.							
GROSS PAY										3142.40		31112.00									
TAXABLE WAGES										2808.73		27897.18									
NONTAXABLE WAGES										333.67		3214.82									
TAX DEFERRED WAGES																					
DEDUCTIONS										1451.31		15810.89									
AEIC																					
NET PAY										1691.09		15301.11									
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		4650.00		FEGLI		W0		13.44		133.12							
FEGLI OPTNL		B		12.30		121.80		FEHB		112		262.60		2576.62							
MEDICARE				40.73		404.51		OASDI				174.15		1729.63							
RETIRE, FERS		K		25.14		248.90		VCS DEDUCT		JC		125.00		1250.00							
TAX, FEDERAL				376.88		3743.11		TSP LOANS		019008G				315.00							
DENTAL				50.96		457.24		VISION				20.11		180.96							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		64.00				91.00				105.00		9.00					
SICK		106.75		4.00		32.00				28.50				110.25							
HOLIDAY										8.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		66.56		FEHB		646.18		6392.28											
MEDICARE		40.73		404.51		OASDI		174.15		1729.63											
RETIRE, FERS		578.20		5724.60		TSP BASIC		31.42		311.08											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. SAVINGS ALLOTMENT CHANGED, PLEASE VERIFY. PRETAX FEHB EXCLUSION \$ 262.60 TSP LOAN PAYMENT CHANGED.																					

DEPARTMENT OF DEFENSE										1. Pay Period End 05/18/24											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 05/24/24											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04		5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00												
8. Soc Sec No ***-**-3772			9. Locality % 19.99		10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25										
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 GECU				16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK													
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Exemptions 0 0		Add'l 0 0		Taxing Authority		19. Cumulative Retirement FERS: 6677.66		20. Military Deposit			
21.										Current				Year to Date				22.			
GROSS PAY										3142.40				34254.40							
TAXABLE WAGES										2808.73				30705.91							
NONTAXABLE WAGES										333.67				3548.49							
TAX DEFERRED WAGES																					
DEDUCTIONS										1451.30				17262.19							
AEIC																					
NET PAY										1691.10				16992.21							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		5000.00		FEGLI		W0		13.44		146.56							
FEGLI OPTNL		B		12.30		134.10		FEHB		112		262.60		2839.22							
MEDICARE				40.73		445.24		OASDI				174.14		1903.77							
RETIRE, FERS		K		25.14		274.04		VCS DEDUCT		JC		125.00		1375.00							
TAX, FEDERAL				376.88		4119.99		TSP LOANS		019008G				315.00							
DENTAL				50.96		508.20		VISION				20.11		201.07							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		72.00				91.00				113.00		9.00					
SICK		106.75		4.00		36.00				28.50				114.25							
HOLIDAY										8.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		73.28		FEHB		646.18		7038.46											
MEDICARE		40.73		445.24		OASDI		174.14		1903.77											
RETIRE, FERS		578.20		6302.80		TSP BASIC		31.42		342.50											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE												1. Pay Period End 06/01/24									
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 06/07/24									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00											
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6702.80		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.												Current		Year to Date		22.					
GROSS PAY												3142.40		37396.80							
TAXABLE WAGES												2808.73		33514.64							
NONTAXABLE WAGES												333.67		3882.16							
TAX DEFERRED WAGES																					
DEDUCTIONS												1451.29		18713.48							
AEIC																					
NET PAY												1691.11		18683.32							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		5350.00		FEGLI		W0		13.44		160.00							
FEGLI OPTNL		B		12.30		146.40		FEHB		112		262.60		3101.82							
MEDICARE				40.72		485.96		OASDI				174.14		2077.91							
RETIRE, FERS		K		25.14		299.18		VCS DEDUCT		JC		125.00		1500.00							
TAX, FEDERAL				376.88		4496.87		TSP LOANS		019008G				315.00							
DENTAL				50.96		559.16		VISION				20.11		221.18							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		80.00				91.00				121.00		9.00					
SICK		106.75		4.00		40.00		1.50		30.00				116.75							
HOLIDAY								9.00		17.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		80.00		FEHB		646.18		7684.64											
MEDICARE		40.72		485.96		OASDI		174.14		2077.91											
RETIRE, FERS		578.20		6881.00		TSP BASIC		31.42		373.92											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE												1. Pay Period End 06/15/24									
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 06/21/24									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00											
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6727.94		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.												Current		Year to Date		22.					
GROSS PAY												3142.40		40539.20							
TAXABLE WAGES												2808.73		36323.37							
NONTAXABLE WAGES												333.67		4215.83							
TAX DEFERRED WAGES																					
DEDUCTIONS												1451.30		20164.78							
AEIC																					
NET PAY												1691.10		20374.42							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		5700.00		FEGLI		W0		13.44		173.44							
FEGLI OPTNL		B		12.30		158.70		FEHB		112		262.60		3364.42							
MEDICARE				40.73		526.69		OASDI				174.14		2252.05							
RETIRE, FERS		K		25.14		324.32		VCS DEDUCT		JC		125.00		1625.00							
TAX, FEDERAL				376.88		4873.75		TSP LOANS		019008G				315.00							
DENTAL				50.96		610.12		VISION				20.11		241.29							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		88.00		9.00		100.00				120.00							
SICK		106.75		4.00		44.00				30.00				120.75							
HOLIDAY										17.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		86.72		FEHB		646.18		8330.82											
MEDICARE		40.73		526.69		OASDI		174.14		2252.05											
RETIRE, FERS		578.20		7459.20		TSP BASIC		31.42		405.34											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.																					
PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE												1. Pay Period End 06/29/24									
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 07/05/24									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR				4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00										
8. Soc Sec No ***-**-3772				9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25								
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION						15. Financial Institution - Allotment #1 GECU				16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6753.08		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.												Current		Year to Date		22.					
GROSS PAY												3142.40		43681.60							
TAXABLE WAGES												2808.73		39132.10							
NONTAXABLE WAGES												333.67		4549.50							
TAX DEFERRED WAGES																					
DEDUCTIONS												1451.30		21616.08							
AEIC																					
NET PAY												1691.10		22065.52							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		6050.00		FEGLI		W0		13.44		186.88							
FEGLI OPTNL		B		12.30		171.00		FEHB		112		262.60		3627.02							
MEDICARE				40.73		567.42		OASDI				174.14		2426.19							
RETIRE, FERS		K		25.14		349.46		VCS DEDUCT		JC		125.00		1750.00							
TAX, FEDERAL				376.88		5250.63		TSP LOANS		019008G				315.00							
DENTAL				50.96		661.08		VISION				20.11		261.40							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		96.00		4.50		104.50				123.50							
SICK		106.75		4.00		48.00		17.00		47.00				107.75							
HOLIDAY								9.00		26.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		93.44		FEHB		646.18		8977.00											
MEDICARE		40.73		567.42		OASDI		174.14		2426.19											
RETIRE, FERS		578.20		8037.40		TSP BASIC		31.42		436.76											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					





DEPARTMENT OF DEFENSE										1. Pay Period End 07/27/24											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 08/02/24											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00											
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6803.36		20. Military Deposit	
FED		S		0		0						0		0							
0				0		0															
21.										Current		Year to Date		22.							
GROSS PAY										3142.40		49966.40									
TAXABLE WAGES										2808.73		44749.56									
NONTAXABLE WAGES										333.67		5216.84									
TAX DEFERRED WAGES																					
DEDUCTIONS										1451.30		24518.67									
AEIC																					
NET PAY										1691.10		25447.73									
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		6750.00		FEGLI		W0		13.44		213.76							
FEGLI OPTNL		B		12.30		195.60		FEHB		112		262.60		4152.22							
MEDICARE				40.73		648.87		OASDI				174.14		2774.47							
RETIRE, FERS		K		25.14		399.74		VCS DEDUCT		JC		125.00		2000.00							
TAX, FEDERAL				376.88		6004.39		TSP LOANS		019008G				315.00							
DENTAL				50.96		763.00		VISION				20.11		301.62							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		112.00				113.50				130.50							
SICK		106.75		4.00		56.00				47.00				115.75							
HOLIDAY										35.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		106.88		FEHB		646.18		10269.36											
MEDICARE		40.73		648.87		OASDI		174.14		2774.47											
RETIRE, FERS		578.20		9193.80		TSP BASIC		31.42		499.60											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE										1. Pay Period End 08/10/24											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 08/16/24											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04		5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00												
8. Soc Sec No ***-**-3772			9. Locality % 19.99		10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25										
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 GECU				16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK													
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Exemptions 0 0		Add'l 0 0		Taxing Authority		19. Cumulative Retirement FERS: 6828.50		20. Military Deposit			
21.										22.											
GROSS PAY										3142.40		Year to Date		53108.80							
TAXABLE WAGES										2808.73		47558.29									
NONTAXABLE WAGES										333.67		5550.51									
TAX DEFERRED WAGES																					
DEDUCTIONS										1451.30		25969.97									
AEIC																					
NET PAY										1691.10		27138.83									
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		7100.00		FEGLI		W0		13.44		227.20							
FEGLI OPTNL		B		12.30		207.90		FEHB		112		262.60		4414.82							
MEDICARE				40.73		689.60		OASDI				174.14		2948.61							
RETIRE, FERS		K		25.14		424.88		VCS DEDUCT		JC		125.00		2125.00							
TAX, FEDERAL				376.88		6381.27		TSP LOANS		019008G				315.00							
DENTAL				50.96		813.96		VISION				20.11		321.73							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		120.00				113.50				138.50							
SICK		106.75		4.00		60.00		1.50		48.50				118.25							
HOLIDAY										35.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		113.60		FEHB		646.18		10915.54											
MEDICARE		40.73		689.60		OASDI		174.14		2948.61											
RETIRE, FERS		578.20		9772.00		TSP BASIC		31.42		531.02											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE										1. Pay Period End 08/24/24											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 08/30/24											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04		5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00												
8. Soc Sec No ***-**-3772			9. Locality % 19.99		10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25										
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 GECU				16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK													
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Exemptions 0 0		Add'l 0 0		Taxing Authority		19. Cumulative Retirement FERS: 6853.64		20. Military Deposit			
21.										Current				Year to Date				22.			
GROSS PAY										3142.40				56251.20							
TAXABLE WAGES										2808.73				50367.02							
NONTAXABLE WAGES										333.67				5884.18							
TAX DEFERRED WAGES																					
DEDUCTIONS										1451.30				27421.27							
AEIC																					
NET PAY										1691.10				28829.93							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		7450.00		FEGLI		W0		13.44		240.64							
FEGLI OPTNL		B		12.30		220.20		FEHB		112		262.60		4677.42							
MEDICARE				40.72		730.32		OASDI				174.15		3122.76							
RETIRE, FERS		K		25.14		450.02		VCS DEDUCT		JC		125.00		2250.00							
TAX, FEDERAL				376.88		6758.15		TSP LOANS		019008G				315.00							
DENTAL				50.96		864.92		VISION				20.11		341.84							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		128.00		9.00		122.50				137.50							
SICK		106.75		4.00		64.00				48.50				122.25							
HOLIDAY										35.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		120.32		FEHB		646.18		11561.72											
MEDICARE		40.72		730.32		OASDI		174.15		3122.76											
RETIRE, FERS		578.20		10350.20		TSP BASIC		31.42		562.44											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE												1. Pay Period End 09/07/24									
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 09/13/24									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR				4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00										
8. Soc Sec No ***-**-3772				9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25								
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6878.78		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.												Current		Year to Date		22.					
GROSS PAY												3142.40		59393.60							
TAXABLE WAGES												2808.73		53175.75							
NONTAXABLE WAGES												333.67		6217.85							
TAX DEFERRED WAGES																					
DEDUCTIONS												1451.30		28872.57							
AEIC																					
NET PAY												1691.10		30521.03							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		7800.00		FEGLI		W0		13.44		254.08							
FEGLI OPTNL		B		12.30		232.50		FEHB		112		262.60		4940.02							
MEDICARE				40.73		771.05		OASDI				174.14		3296.90							
RETIRE, FERS		K		25.14		475.16		VCS DEDUCT		JC		125.00		2375.00							
TAX, FEDERAL				376.88		7135.03		TSP LOANS		019008G				315.00							
DENTAL				50.96		915.88		VISION				20.11		361.95							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		136.00		18.00		140.50				127.50							
SICK		106.75		4.00		68.00				48.50				126.25							
HOLIDAY								9.00		44.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		127.04		FEHB		646.18		12207.90											
MEDICARE		40.73		771.05		OASDI		174.14		3296.90											
RETIRE, FERS		578.20		10928.40		TSP BASIC		31.42		593.86											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE										1. Pay Period End 09/21/24	
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 09/27/24	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00	
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240	
13. Leave Year End 01/11/25											
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 GECU				16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK			
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Exemptions 0 0	
19. Cumulative Retirement FERS:		6903.92		20. Military Deposit							
21. GROSS PAY		3142.40		Year to Date 62536.00		22.					
TAXABLE WAGES		2808.73		55984.48							
NONTAXABLE WAGES		333.67		6551.52							
TAX DEFERRED WAGES											
DEDUCTIONS		1451.29		30323.86							
AEIC											
NET PAY		1691.11		32212.14							
CURRENT EARNINGS											
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR PAY		80.00		3142.40							
DEDUCTIONS											
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE	
ALLOTMENT,SV		(2)		350.00		8150.00		FEGLI		W0	
FEGLI OPTNL		B		12.30		244.80		FEHB		112	
MEDICARE				40.72		811.77		OASDI			
RETIRE, FERS		K		25.14		500.30		VCS DEDUCT		JC	
TAX, FEDERAL				376.88		7511.91		TSP LOANS		019008G	
DENTAL				50.96		966.84		VISION			
										20.11	
										382.06	
LEAVE											
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD	
ANNUAL		132.00		8.00		144.00				140.50	
SICK		106.75		4.00		72.00				48.50	
HOLIDAY										44.00	
BENEFITS PAID BY GOVERNMENT FOR YOU											
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE	
FEGLI		6.72		133.76		FEHB		646.18		12854.08	
MEDICARE		40.72		811.77		OASDI		174.14		3471.04	
RETIRE, FERS		578.20		11506.60		TSP BASIC		31.42		625.28	
REMARKS											
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW PRETAX FEHB EXCLUSION \$ 262.60											

DEPARTMENT OF DEFENSE										1. Pay Period End 10/05/24							
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 10/11/24							
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																	
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00							
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25					
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 GECU				16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK									
17. Tax FED		Marital Status S	Exemptions 0 0	Add'l 0 0	18. Tax Marital Status 0		Exemptions 0		Taxing Authority		19. Cumulative Retirement FERS: 6929.06		20. Military Deposit				
21.					Current		Year to Date		22.								
GROSS PAY					3142.40		65678.40										
TAXABLE WAGES					2808.73		58793.21										
NONTAXABLE WAGES					333.67		6885.19										
TAX DEFERRED WAGES																	
DEDUCTIONS					1451.30		31775.16										
AEIC																	
NET PAY					1691.10		33903.24										
CURRENT EARNINGS																	
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT							
REGULAR PAY		80.00		3142.40													
DEDUCTIONS																	
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE			
ALLOTMENT,SV		(2)		350.00		8500.00		FEGLI		W0		13.44		280.96			
FEGLI OPTNL		B		12.30		257.10		FEHB		112		262.60		5465.22			
MEDICARE				40.73		852.50		OASDI				174.14		3645.18			
RETIRE, FERS		K		25.14		525.44		VCS DEDUCT		JC		125.00		2625.00			
TAX, FEDERAL				376.88		7888.79		TSP LOANS		019008G				315.00			
DENTAL				50.96		1017.80		VISION				20.11		402.17			
LEAVE																	
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE	
ANNUAL		132.00		8.00		152.00		1.00		141.50				142.50			
SICK		106.75		4.00		76.00		8.00		56.50				126.25			
HOLIDAY										44.00							
BENEFITS PAID BY GOVERNMENT FOR YOU																	
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE							
FEGLI		6.72		140.48		FEHB		646.18		13500.26							
MEDICARE		40.73		852.50		OASDI		174.14		3645.18							
RETIRE, FERS		578.20		12084.80		TSP BASIC		31.42		656.70							
REMARKS																	
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW PRETAX FEHB EXCLUSION \$ 262.60																	

DEPARTMENT OF DEFENSE											1. Pay Period End 10/19/24										
CIVILIAN LEAVE AND EARNINGS STATEMENT LES											2. Pay Date 10/25/24										
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00											
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 6954.20		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21. Current Year to Date											22.										
GROSS PAY 3142.40 68820.80																					
TAXABLE WAGES 2808.73 61601.94																					
NONTAXABLE WAGES 333.67 7218.86																					
TAX DEFERRED WAGES																					
DEDUCTIONS 1451.30 33226.46																					
AEIC																					
NET PAY 1691.10 35594.34																					
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3142.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(2)		350.00		8850.00		FEGLI		W0		13.44		294.40							
FEGLI OPTNL		B		12.30		269.40		FEHB		112		262.60		5727.82							
MEDICARE				40.73		893.23		OASDI				174.14		3819.32							
RETIRE, FERS		K		25.14		550.58		VCS DEDUCT		JC		125.00		2750.00							
TAX, FEDERAL				376.88		8265.67		TSP LOANS		019008G				315.00							
DENTAL				50.96		1068.76		VISION				20.11		422.28							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		160.00		3.00		144.50				147.50							
SICK		106.75		4.00		80.00				56.50				130.25							
HOLIDAY								9.00		53.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.72		147.20		FEHB		646.18		14146.44											
MEDICARE		40.73		893.23		OASDI		174.14		3819.32											
RETIRE, FERS		578.20		12663.00		TSP BASIC		31.42		688.12											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW PRETAX FEHB EXCLUSION \$ 262.60																					



DEPARTMENT OF DEFENSE											1. Pay Period End 11/02/24								
CIVILIAN LEAVE AND EARNINGS STATEMENT LES											2. Pay Date 11/08/24								
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																			
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 04			5. Hourly/Daily Rate 39.28		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 68317.00 13657.00 81974.00									
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25							
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK									
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Status		Exemptions 0 0		Add'l 0 0		Taxing Authority		19. Cumulative Retirement FERS: 6979.34		20. Military Deposit	
21. Current Year to Date GROSS PAY 3142.40 71963.20 TAXABLE WAGES 2808.73 64410.67 NONTAXABLE WAGES 333.67 7552.53 TAX DEFERRED WAGES DEDUCTIONS 1451.29 34677.75 AEIC NET PAY 1691.11 37285.45											22.								
CURRENT EARNINGS																			
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT			
REGULAR PAY		80.00		3142.40															
DEDUCTIONS																			
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE					
ALLOTMENT,SV		(2)		350.00		9200.00		FEGLI		W0		13.44		307.84					
FEGLI OPTNL		B		12.30		281.70		FEHB		112		262.60		5990.42					
MEDICARE				40.72		933.95		OASDI				174.14		3993.46					
RETIRE, FERS		K		25.14		575.72		VCS DEDUCT		JC		125.00		2875.00					
TAX, FEDERAL				376.88		8642.55		TSP LOANS		019008G				315.00					
DENTAL				50.96		1119.72		VISION				20.11		442.39					
LEAVE																			
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE			
ANNUAL		132.00		8.00		168.00				144.50				155.50					
SICK		106.75		4.00		84.00		8.00		64.50				126.25					
HOLIDAY										53.00									
BENEFITS PAID BY GOVERNMENT FOR YOU																			
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE									
FEGLI		6.72		153.92		FEHB		646.18		14792.62									
MEDICARE		40.72		933.95		OASDI		174.14		3993.46									
RETIRE, FERS		578.20		13241.20		TSP BASIC		31.42		719.54									
REMARKS																			
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW PRETAX FEHB EXCLUSION \$ 262.60																			

DEPARTMENT OF DEFENSE										1. Pay Period End 11/16/24	
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 11/22/24	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 40.47		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 70387.00 14070.00 84457.00	
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240	
13. Leave Year End 01/11/25											
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS				16. Financial Institution - Allotment #2 GECU			
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status	
FED		S		0		0		0		0	
				0		0					
19. Cumulative Retirement FERS: 7005.24				20. Military Deposit							
21.											
GROSS PAY											
TAXABLE WAGES											
NONTAXABLE WAGES											
TAX DEFERRED WAGES											
DEDUCTIONS											
AEIC											
NET PAY											
22.											
CURRENT EARNINGS											
TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS AMOUNT											
REGULAR PAY 80.00 3237.60											
DEDUCTIONS											
TYPE CODE CURRENT YEAR TO DATE TYPE CODE CURRENT YEAR TO DATE											
ALLOTMENT,SV (3) 1550.00 10750.00 FEGLI W0 13.92 321.76											
FEGLI OPTNL B 12.75 294.45 FEHB 112 262.60 6253.02											
MEDICARE 42.11 976.06 OASDI 180.05 4173.51											
RETIRE, FERS K 25.90 601.62 VCS DEDUCT JC 125.00 3000.00											
TAX, FEDERAL 397.83 9040.38 TSP LOANS 019008G 315.00											
DENTAL 50.96 1170.68 VISION 20.11 462.50											
LEAVE											
TYPE PRIOR YR ACCRUED ACCRUED USED USED DONATED/ CURRENT USE-LOSE/											
BALANCE PAY PD YTD PAY PD YTD RETURNED BALANCE TERM DATE											
ANNUAL 132.00 8.00 176.00 45.00 189.50 118.50											
SICK 106.75 4.00 88.00 3.00 67.50 127.25											
HOLIDAY 9.00 62.00											
BENEFITS PAID BY GOVERNMENT FOR YOU											
TYPE CURRENT YEAR TO DATE TYPE CURRENT YEAR TO DATE											
FEGLI 6.96 160.88 FEHB 646.18 15438.80											
MEDICARE 42.11 976.06 OASDI 180.05 4173.51											
RETIRE, FERS 595.72 13836.92 TSP BASIC 32.38 751.92											
REMARKS											
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS.											
FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON											
FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER.											
PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW											
SAVINGS ALLOTMENT CHANGED, PLEASE VERIFY.											
BASIC PAY CHANGED.											
PRETAX FEHB EXCLUSION \$ 262.60											

DEPARTMENT OF DEFENSE												1. Pay Period End 11/30/24					
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 12/06/24					
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																	
3. Name JACKSON CLIFFORD JR				4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 40.47		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 70387.00 14070.00 84457.00						
8. Soc Sec No ***-**-3772				9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25				
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION						15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS				16. Financial Institution - Allotment #2 GECU							
17. Tax FED				Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0				Taxing Authority			
19. Cumulative Retirement FERS: 7031.14												20. Military Deposit					
21. Current Year to Date														22.			
GROSS PAY 8155.60 83356.40																	
TAXABLE WAGES 7821.93 75136.53																	
NONTAXABLE WAGES 333.67 8219.87																	
TAX DEFERRED WAGES																	
DEDUCTIONS 4139.40 41498.38																	
AEIC																	
NET PAY 4016.20 41858.02																	
CURRENT EARNINGS																	
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR PAY		80.00		3237.60		INCENTVE AWD				4918.00							
DEDUCTIONS																	
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE			
ALLOTMENT,SV		(3)		1550.00		12300.00		FEGLI		W0		13.92		335.68			
FEGLI OPTNL		B		12.75		307.20		FEHB		112		262.60		6515.62			
MEDICARE				113.42		1089.48		OASDI				484.95		4658.46			
RETIRE, FERS		K		25.90		627.52		VCS DEDUCT		JC		125.00		3125.00			
TAX, FEDERAL				1479.79		10520.17		TSP LOANS		019008G				315.00			
DENTAL				50.96		1221.64		VISION				20.11		482.61			
LEAVE																	
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE	
ANNUAL		132.00		8.00		184.00		9.00		198.50				117.50			
SICK		106.75		4.00		92.00				67.50				131.25			
HOLIDAY								9.00		71.00							
BENEFITS PAID BY GOVERNMENT FOR YOU																	
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE							
FEGLI		6.96		167.84		FEHB		646.18		16084.98							
MEDICARE		113.42		1089.48		OASDI		484.95		4658.46							
RETIRE, FERS		595.72		14432.64		TSP BASIC		32.38		784.30							
REMARKS																	
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB) OPEN SEASON FROM THE SECOND MONDAY OF NOVEMBER THROUGH THE SECOND MONDAY OF DECEMBER. NET PAY INCLUDES CURRENT AWARD NET OF \$ 3459.82 PRETAX FEHB EXCLUSION \$ 262.60																	

DEPARTMENT OF DEFENSE												1. Pay Period End 12/14/24									
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 12/20/24									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 40.47		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 70387.00 14070.00 84457.00											
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS					16. Financial Institution - Allotment #2 GECU											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 7057.04		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.												Current		Year to Date		22.					
GROSS PAY												3237.60		86594.00							
TAXABLE WAGES												2903.93		78040.46							
NONTAXABLE WAGES												333.67		8553.54							
TAX DEFERRED WAGES																					
DEDUCTIONS												2681.23		44179.61							
AEIC																					
NET PAY												556.37		42414.39							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3237.60																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(3)		1550.00		13850.00		FEGLI		W0		13.92		349.60							
FEGLI OPTNL		B		12.75		319.95		FEHB		112		262.60		6778.22							
MEDICARE				42.11		1131.59		OASDI				180.05		4838.51							
RETIRE, FERS		K		25.90		653.42		VCS DEDUCT		JC		125.00		3250.00							
TAX, FEDERAL				397.83		10918.00		TSP LOANS		019008G				315.00							
DENTAL				50.96		1272.60		VISION				20.11		502.72							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		192.00				198.50				125.50							
SICK		106.75		4.00		96.00				67.50				135.25							
HOLIDAY										71.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.96		174.80		FEHB		646.18		16731.16											
MEDICARE		42.11		1131.59		OASDI		180.05		4838.51											
RETIRE, FERS		595.72		15028.36		TSP BASIC		32.38		816.68											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PLEASE SUPPORT YOUR COMBINED FEDERAL CAMPAIGN GOING ON NOW PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE										1. Pay Period End 12/28/24											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 01/03/25											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 40.47		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 70387.00 14070.00 84457.00											
8. Soc Sec No ***-**-3772			9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS					16. Financial Institution - Allotment #2 GECU											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 7082.94		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.										Current		Year to Date		22.							
GROSS PAY										3237.60		3237.60									
TAXABLE WAGES										2903.93		2903.93									
NONTAXABLE WAGES										333.67		333.67									
TAX DEFERRED WAGES																					
DEDUCTIONS										2681.22		2681.22									
AEIC																					
NET PAY										556.38		556.38									
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3237.60																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(3)		1550.00		1550.00		FEGLI		W0		13.92		13.92							
FEGLI OPTNL		B		12.75		12.75		FEHB		112		262.60		262.60							
MEDICARE				42.11		42.11		OASDI				180.04		180.04							
RETIRE, FERS		K		25.90		25.90		VCS DEDUCT		JC		125.00		125.00							
TAX, FEDERAL				397.83		397.83		DENTAL				50.96		50.96							
VISION				20.11		20.11															
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		132.00		8.00		200.00		18.00		216.50				115.50							
SICK		106.75		4.00		100.00				67.50				139.25							
HOLIDAY								18.00		89.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		6.96		6.96		FEHB		646.18		646.18											
MEDICARE		42.11		42.11		OASDI		180.04		180.04											
RETIRE, FERS		595.72		595.72		TSP BASIC		32.38		32.38											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																					

DEPARTMENT OF DEFENSE												1. Pay Period End 01/11/25																	
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 01/17/25																	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																													
3. Name JACKSON CLIFFORD JR				4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 40.47		6. Basic OT Rate 48.75		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 70387.00 14070.00 84457.00																		
8. Soc Sec No ***-**-3772				9. Locality % 19.99			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/11/25																
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION						15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS				16. Financial Institution - Allotment #2 GECU																			
17. Tax FED				Marital Status S		Exemptions 0		Add'l 0		18. Tax Marital Status 0				Exemptions 0		Add'l 0		Taxing Authority		19. Cumulative Retirement FERS: 7108.84		20. Military Deposit							
21.												Current				Year to Date				22.									
GROSS PAY												3237.60				6475.20													
TAXABLE WAGES												2903.93				5807.86													
NONTAXABLE WAGES												333.67				667.34													
TAX DEFERRED WAGES																													
DEDUCTIONS												2672.49				5353.71													
AEIC																													
NET PAY												565.11				1121.49													
CURRENT EARNINGS																													
TYPE		HOURS/DAYS				AMOUNT				TYPE		HOURS/DAYS				AMOUNT				TYPE		HOURS/DAYS				AMOUNT			
REGULAR PAY		80.00				3237.60																							
DEDUCTIONS																													
TYPE		CODE		CURRENT				YEAR TO DATE				TYPE		CODE		CURRENT				YEAR TO DATE									
ALLOTMENT,SV		(3)		1550.00				3100.00				FEGLI		W0		13.92				27.84									
FEGLI OPTNL		B		12.75				25.50				FEHB		112		262.60				525.20									
MEDICARE				42.10				84.21				OASDI				180.05				360.09									
RETIRE, FERS		K		25.90				51.80				VCS DEDUCT		JC		125.00				250.00									
TAX, FEDERAL				389.10				786.93				DENTAL				50.96				101.92									
VISION				20.11				40.22																					
LEAVE																													
TYPE		PRIOR YR BALANCE				ACCRUED PAY PD				ACCRUED YTD				USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE				USE-LOSE/ TERM DATE					
ANNUAL		132.00				8.00				208.00						216.50				123.50									
SICK		106.75				4.00				104.00				6.50		74.00				136.75									
HOLIDAY														18.00		107.00													
BENEFITS PAID BY GOVERNMENT FOR YOU																													
TYPE		CURRENT				YEAR TO DATE				TYPE		CURRENT				YEAR TO DATE													
FEGLI		6.96				13.92				FEHB		646.18				1292.36													
MEDICARE		42.10				84.21				OASDI		180.05				360.09													
RETIRE, FERS		595.72				1191.44				TSP BASIC		32.38				64.76													
REMARKS																													
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60																													

DEPARTMENT OF DEFENSE										1. Pay Period End 01/25/25	
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 01/31/25	
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL											
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 41.28		6. Basic OT Rate 49.73		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 71583.00 14567.00 86150.00	
8. Soc Sec No ***-**-3772			9. Locality % 20.35			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240	
13. Leave Year End 01/10/26											
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS				16. Financial Institution - Allotment #2 GECU			
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Taxing Authority	
19. Cumulative Retirement FERS:		7135.26		20. Military Deposit							
21.		Current		Year to Date		22.					
GROSS PAY		3302.40		9777.60							
TAXABLE WAGES		2925.77		8733.63							
NONTAXABLE WAGES		376.63		1043.97							
TAX DEFERRED WAGES											
DEDUCTIONS		2723.07		8076.78							
AEIC											
NET PAY		579.33		1700.82							
CURRENT EARNINGS											
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR PAY		80.00		3302.40							
DEDUCTIONS											
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE	
ALLOTMENT,SV		(3)		1550.00		4650.00		FEGLI		W0	
FEGLI OPTNL		B		13.05		38.55		FEHB		112	
MEDICARE				42.43		126.64		OASDI			
RETIRE, FERS		K		26.42		78.22		VCS DEDUCT		JC	
TAX, FEDERAL				393.90		1180.83		DENTAL			
VISION				20.19		60.41					
LEAVE											
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD	
ANNUAL		123.50		8.00		8.00					
SICK		136.75		4.00		4.00					
HOLIDAY								9.00		9.00	
BENEFITS PAID BY GOVERNMENT FOR YOU											
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE	
FEGLI		7.12		21.04		FEHB		714.23		2006.59	
MEDICARE		42.43		126.64		OASDI		181.40		541.49	
RETIRE, FERS		607.64		1799.08		TSP BASIC		33.02		97.78	
REMARKS											
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. BASIC PAY CHANGED. PRETAX FEHB EXCLUSION \$ 303.61 FEHB DEDUCTION CHANGED. DEDUCTION ADDED/CHANGED FOR VISION AND/OR DENTAL CARE.											

DEPARTMENT OF DEFENSE										1. Pay Period End 02/08/25							
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 02/14/25							
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																	
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05		5. Hourly/Daily Rate 41.28		6. Basic OT Rate 49.73		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 71583.00 14567.00 86150.00								
8. Soc Sec No ***-**-3772			9. Locality % 20.35		10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/10/26						
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS				16. Financial Institution - Allotment #2 GECU									
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Taxing Authority		19. Cumulative Retirement FERS: 7161.68		20. Military Deposit			
21.										22.							
GROSS PAY										3302.40 13080.00							
TAXABLE WAGES										2925.77 11659.40							
NONTAXABLE WAGES										376.63 1420.60							
TAX DEFERRED WAGES																	
DEDUCTIONS										2723.05 10799.83							
AEIC																	
NET PAY										579.35 2280.17							
CURRENT EARNINGS																	
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR PAY		80.00		3302.40													
DEDUCTIONS																	
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE			
ALLOTMENT,SV		(3)		1550.00		6200.00		FEGLI		W0		14.24		56.32			
FEGLI OPTNL		B		13.05		51.60		FEHB		112		303.61		1132.42			
MEDICARE				42.42		169.06		OASDI				181.39		722.88			
RETIRE, FERS		K		26.42		104.64		VCS DEDUCT		JC		125.00		500.00			
TAX, FEDERAL				393.90		1574.73		DENTAL				52.83		207.58			
VISION				20.19		80.60											
LEAVE																	
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE	
ANNUAL		123.50		8.00		16.00								139.50		91.50	
SICK		136.75		4.00		8.00								144.75			
HOLIDAY										9.00							
BENEFITS PAID BY GOVERNMENT FOR YOU																	
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE							
FEGLI		7.12		28.16		FEHB		714.23		2720.82							
MEDICARE		42.42		169.06		OASDI		181.39		722.88							
RETIRE, FERS		607.64		2406.72		TSP BASIC		33.02		130.80							
REMARKS																	
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 303.61																	



DEPARTMENT OF DEFENSE												1. Pay Period End 02/22/25									
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 02/28/25									
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 41.28		6. Basic OT Rate 49.73		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 71583.00 14567.00 86150.00											
8. Soc Sec No ***-**-3772			9. Locality % 20.35			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/10/26									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION					15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS					16. Financial Institution - Allotment #2 GECU											
17. Tax		Marital Status		Exemptions		Add'l		18. Tax		Marital Status		Exemptions		Add'l		Taxing Authority		19. Cumulative Retirement FERS: 7188.10		20. Military Deposit	
FED		S		0		0						0		0							
				0		0															
21.												Current		Year to Date		22.					
GROSS PAY												3302.40		16382.40							
TAXABLE WAGES												2925.77		14585.17							
NONTAXABLE WAGES												376.63		1797.23							
TAX DEFERRED WAGES																					
DEDUCTIONS												2723.06		13522.89							
AEIC																					
NET PAY												579.34		2859.51							
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3302.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(3)		1550.00		7750.00		FEGLI		W0		14.24		70.56							
FEGLI OPTNL		B		13.05		64.65		FEHB		112		303.61		1436.03							
MEDICARE				42.42		211.48		OASDI				181.40		904.28							
RETIRE, FERS		K		26.42		131.06		VCS DEDUCT		JC		125.00		625.00							
TAX, FEDERAL				393.90		1968.63		DENTAL				52.83		260.41							
VISION				20.19		100.79															
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		123.50		8.00		24.00								147.50		91.50					
SICK		136.75		4.00		12.00		4.50		4.50				144.25							
HOLIDAY								9.00		18.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		7.12		35.28		FEHB		714.23		3435.05											
MEDICARE		42.42		211.48		OASDI		181.40		904.28											
RETIRE, FERS		607.64		3014.36		TSP BASIC		33.02		163.82											
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 303.61																					

DEPARTMENT OF DEFENSE										1. Pay Period End 03/08/25											
CIVILIAN LEAVE AND EARNINGS STATEMENT LES										2. Pay Date 03/14/25											
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																					
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 41.28		6. Basic OT Rate 49.73		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 71583.00 14567.00 86150.00											
8. Soc Sec No ***-**-3772			9. Locality % 20.35			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/10/26									
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION				15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS				16. Financial Institution - Allotment #2 GECU													
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Exemptions 0 0		Add'l 0 0		Taxing Authority		19. Cumulative Retirement FERS: 7214.52		20. Military Deposit			
21. GROSS PAY 3302.40 TAXABLE WAGES 2826.70 NONTAXABLE WAGES 376.63 TAX DEFERRED WAGES 99.07 DEDUCTIONS 2800.34 AEIC NET PAY 502.06										Current Year to Date 19684.80 17411.87 2173.86 99.07 16323.23 3361.57										22. TSP DATA 3%	
CURRENT EARNINGS																					
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT					
REGULAR PAY		80.00		3302.40																	
DEDUCTIONS																					
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE							
ALLOTMENT,SV		(3)		1550.00		9300.00		FEGLI		W0		14.24		84.80							
FEGLI OPTNL		B		13.05		77.70		FEHB		112		303.61		1739.64							
MEDICARE				42.43		253.91		OASDI				181.40		1085.68							
RETIRE, FERS		K		26.42		157.48		VCS DEDUCT		JC		125.00		750.00							
TAX, FEDERAL				372.10		2340.73		TSP SAVINGS				99.07		99.07							
DENTAL				52.83		313.24		VISION				20.19		120.98							
LEAVE																					
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE					
ANNUAL		123.50		8.00		32.00		27.00		27.00				128.50		64.50					
SICK		136.75		4.00		16.00		12.00		16.50				136.25							
HOLIDAY										18.00											
BENEFITS PAID BY GOVERNMENT FOR YOU																					
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE											
FEGLI		7.12		42.40		FEHB		714.23		4149.28											
MEDICARE		42.43		253.91		OASDI		181.40		1085.68											
RETIRE, FERS		607.64		3622.00		TSP BASIC		33.02		196.84											
TSP MATCHING		99.07		99.07																	
REMARKS																					
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 303.61 TSP/ROTH DEDUCTION ADDED/CHANGED.																					

DEPARTMENT OF DEFENSE												1. Pay Period End 03/22/25					
CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2. Pay Date 03/28/25					
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL																	
3. Name JACKSON CLIFFORD JR			4. Pay Plan/Grade/Step GS 11 05			5. Hourly/Daily Rate 41.28		6. Basic OT Rate 49.73		7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 71583.00 14567.00 86150.00							
8. Soc Sec No ***-**-3772			9. Locality % 20.35			10. FLSA Category E		11. SCD Leave 02/07/07		12. Max Leave Carry Over 240		13. Leave Year End 01/10/26					
14. Financial Institution - Net Pay USAA FEDERAL SAVINGS BANK					15. Financial Institution - Allotment #1 GECU					16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK							
17. Tax FED		Marital Status S		Exemptions 0 0		Add'l 0 0		18. Tax Marital Status 0 0		Exemptions 0 0		Taxing Authority		19. Cumulative Retirement FERS: 7240.94		20. Military Deposit	
21. Current Year to Date						22.											
GROSS PAY 3302.40 22987.20						TSP DATA 3%											
TAXABLE WAGES 2826.70 20238.57																	
NONTAXABLE WAGES 376.63 2550.49																	
TAX DEFERRED WAGES 99.07 198.14																	
DEDUCTIONS 1600.33 17923.56																	
AEIC																	
NET PAY 1702.07 5063.64																	
CURRENT EARNINGS																	
TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT		TYPE		HOURS/DAYS		AMOUNT	
REGULAR PAY		80.00		3302.40													
DEDUCTIONS																	
TYPE		CODE		CURRENT		YEAR TO DATE		TYPE		CODE		CURRENT		YEAR TO DATE			
ALLOTMENT,SV		(2)		350.00		9650.00		FEGLI		W0		14.24		99.04			
FEGLI OPTNL		B		13.05		90.75		FEHB		112		303.61		2043.25			
MEDICARE				42.42		296.33		OASDI				181.40		1267.08			
RETIRE, FERS		K		26.42		183.90		VCS DEDUCT		JC		125.00		875.00			
TAX, FEDERAL				372.10		2712.83		TSP SAVINGS				99.07		198.14			
DENTAL				52.83		366.07		VISION				20.19		141.17			
LEAVE																	
TYPE		PRIOR YR BALANCE		ACCRUED PAY PD		ACCRUED YTD		USED PAY PD		USED YTD		DONATED/ RETURNED		CURRENT BALANCE		USE-LOSE/ TERM DATE	
ANNUAL		123.50		8.00		40.00		9.00		36.00				127.50		55.50	
SICK		136.75		4.00		20.00				16.50				140.25			
HOLIDAY										18.00							
BENEFITS PAID BY GOVERNMENT FOR YOU																	
TYPE		CURRENT		YEAR TO DATE		TYPE		CURRENT		YEAR TO DATE							
FEGLI		7.12		49.52		FEHB		714.23		4863.51							
MEDICARE		42.42		296.33		OASDI		181.40		1267.08							
RETIRE, FERS		607.64		4229.64		TSP BASIC		33.02		229.86							
TSP MATCHING		99.07		198.14													
REMARKS																	
YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. IT IS YOUR DUTY TO COMPLY WITH FEDERAL TAX LAWS. CALL THE IRS FOR ASSISTANCE AT 1-800-829-1040 OR ACCESS THEIR WEBSITE AT WWW.IRS.GOV. NET PAY BANK/ACCOUNT NUMBER/ACCOUNT TYPE CHANGED. SAVINGS ALLOTMENT CHANGED, PLEASE VERIFY. PRETAX FEHB EXCLUSION \$ 303.61																	

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 59101.33	2 Federal Income Tax withheld 7956.25	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 59101.33	4 Social Security Tax withheld 2526.74	
				5 Medicare Wages and Tips 59101.33	6 Medicare Tax withheld 856.97	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1449 MEADOW PKWY SAN MARCOS TX 78666-3081				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 17895.97	14 See instructions for box 14 K 1213.83 V 4673.65	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****3772		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 59101.33	2 Federal Income Tax withheld 7956.25	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 59101.33	4 Social Security Tax withheld 2526.74	
				5 Medicare Wages and Tips 59101.33	6 Medicare Tax withheld 856.97	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1449 MEADOW PKWY SAN MARCOS TX 78666-3081				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 17895.97	14 See instructions for box 14 K 1213.83 V 4673.65	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury - Internal Revenue Service  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number *****3772		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 59101.33	2 Federal Income Tax withheld 7956.25		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 59101.33		4 Social Security Tax withheld 2526.74	
				5 Medicare Wages and Tips 59101.33		6 Medicare Tax withheld 856.97	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1449 MEADOW PKWY SAN MARCOS TX 78666-3081				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 17895.97		14 See instructions for box 14 K 1213.83 V 4673.65	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number *****3772		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 59101.33	2 Federal Income Tax withheld 7956.25		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 59101.33		4 Social Security Tax withheld 2526.74	
				5 Medicare Wages and Tips 59101.33		6 Medicare Tax withheld 856.97	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1449 MEADOW PKWY SAN MARCOS TX 78666-3081				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 17895.97		14 See instructions for box 14 K 1213.83 V 4673.65	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

Form **W-2** Wage and Tax Statement **2020**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

## Notice to Employee

**Do you have to file?** Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. 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.

**Earned income credit (EIC).** You may be able to take the EIC for **2020** if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for **2020** or if income is earned for services provided while you were an inmate at a penal institution. For **2020** income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**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.

Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. 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.SSA.gov](http://www.SSA.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 **2020** and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See the Instructions for your Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy C.)

## 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 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see Instructions for Forms 1040 and 1040-SR. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans, \$22,500 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in **2020**, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. 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 or 1040-SR.

**Note:** If a year follows code D through H, S, Y, AA, BB or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

**A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See "Other Taxes" in the Forms 1040 and 1040-SR instructions.

**B** - Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See "Other Taxes" in the Form 1040 and 1040-SR instructions.

**C** - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

**D** - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E** - Elective deferrals under a section 403(b) salary reduction agreement.

**F** - Elective deferrals under a section 408(k)(6) salary reduction SEP.

**J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

**L** - Substantiated employee business expense reimbursements (nontaxable).

**M** - Uncollected Social Security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Forms 1040 and 1040-SR instructions.

**N** - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Forms 1040 and 1040-SR instructions.

**P** - Excludable moving expense reimbursements paid directly to member of Armed Forces (not included in boxes 1, 3, or 5).

**Q** - Nontaxable combat pay. See the instructions for Forms 1040 and Form 1040-SR for details on reporting this amount.

**R** - Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S** - Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

**T** - Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**AA** - Designated Roth contributions under a section 401(k) plan.

**BB** - Designated Roth contributions under a section 403(b) plan.

**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. This amount does not apply to contributions under a tax-exempt organization 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. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Any amount in box 14 should be coded. The following explains the codes.

**C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)

**E** - Military TSP Contribution (Tax Exempt)

**F** - TIAA/CREF and Fidelity Retirement Contributions

**G** - Pre-Tax Transportation Equity Act Benefits

**H** - Home to Work Transportation Fringe Benefits. (Incl in Box 1)

**K** - Pretax Vision and Dental Deduction

**P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

**R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

**S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

**STT** - Oregon Transit Tax

**T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

**U** - Non-Cash Fringe Benefits (Incl in Box 1)

**V** - Pretax FEHB Incentive

**X** - Occupational Tax/Local Services Tax (CIVILIAN)

**Y** - Pretax Flexible Spending Accounts (CIVILIAN) Employee Contributions

**Z** - Retirement Deductions for Massachusetts Residents Only

**DX** - Sick Leave Wages \$511/day limit

**DY** - Sick Leave Wages \$200/day limit

**DZ** - Emergency Family Leave Wages

**Note:** Keep Copy C of Form W-2 for at least 3 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.

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 61859.41	2 Federal Income Tax withheld 8488.59	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 61859.41	4 Social Security Tax withheld 3835.28	
				5 Medicare Wages and Tips 61859.41	6 Medicare Tax withheld 896.96	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 19825.69	14 See instructions for box 14 K 1746.02 V 5222.97	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****3772		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 61859.41	2 Federal Income Tax withheld 8488.59	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 61859.41	4 Social Security Tax withheld 3835.28	
				5 Medicare Wages and Tips 61859.41	6 Medicare Tax withheld 896.96	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 19825.69	14 See instructions for box 14 K 1746.02 V 5222.97	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury - Internal Revenue Service  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)



a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 61859.41	2 Federal Income Tax withheld 8488.59	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 61859.41	4 Social Security Tax withheld 3835.28	
				5 Medicare Wages and Tips 61859.41	6 Medicare Tax withheld 896.96	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 19825.69	14 See instructions for box 14 K 1746.02 V 5222.97	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 61859.41	2 Federal Income Tax withheld 8488.59	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 61859.41	4 Social Security Tax withheld 3835.28	
				5 Medicare Wages and Tips 61859.41	6 Medicare Tax withheld 896.96	
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e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 19825.69	14 See instructions for box 14 K 1746.02 V 5222.97	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2021**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

## Notice to Employee

**Do you have to file?** Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. 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.

**Earned income credit (EIC).** You may be able to take the EIC for **2021** if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for **2021** or if income is earned for services provided while you were an inmate at a penal institution. For **2021** income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's Social security Number (SSN).** For your protection, this form may only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and SSA.

**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.

Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. 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.SSA.gov](http://www.SSA.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 **2021** and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See the Instructions for your Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax.

(Also see *Instructions for Employee* on the back of Copy C.)

## 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 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see Instructions for Forms 1040 and 1040-SR. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans, \$22,500 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in **2021**, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. 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 or 1040-SR.

**Note:** If a year follows code D through H, S, Y, AA, BB or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

**A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See "Other Taxes" in the Forms 1040 and 1040-SR instructions.

**B** - Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See "Other Taxes" in the Form 1040 and 1040-SR instructions.

**C** - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

**D** - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E** - Elective deferrals under a section 403(b) salary reduction agreement.

**F** - Elective deferrals under a section 408(k)(6) salary reduction SEP.

**J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

**L** - Substantiated employee business expense reimbursements (nontaxable).

**M** - Uncollected Social Security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Forms 1040 and 1040-SR instructions.

**N** - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Other Taxes" in the Forms 1040 and 1040-SR instructions.

**P** - Excludable moving expense reimbursements paid directly to member of Armed Forces (not included in boxes 1, 3, or 5).

**Q** - Nontaxable combat pay. See the instructions for Forms 1040 and Form 1040-SR for details on reporting this amount.

**R** - Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S** - Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

**T** - Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**AA** - Designated Roth contributions under a section 401(k) plan.

**BB** - Designated Roth contributions under a section 403(b) plan.

**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. This amount does not apply to contributions under a tax-exempt organization 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. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Any amount in box 14 should be coded. The following explains the codes.

**C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)

**E** - Military TSP Contribution (Tax Exempt)

**F** - TIAA/CREF and Fidelity Retirement Contributions

**G** - Pre-Tax Transportation Equity Act Benefits

**H** - Home to Work Transportation Fringe Benefits. (Incl in Box 1)

**K** - Pretax Vision and Dental Deduction

**P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

**R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

**S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

**STT** - Oregon Transit Tax

**T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

**U** - Non-Cash Fringe Benefits (Incl in Box 1)

**V** - Pretax FEHB Incentive

**X** - Occupational Tax/Local Services Tax (CIVILIAN)

**Y** - Pretax Flexible Spending Accounts (CIVILIAN) Employee Contributions

**Z** - Retirement Deductions for Massachusetts Residents Only

**DX** - Sick Leave Wages \$511/day limit

**DY** - Sick Leave Wages \$200/day limit

**DZ** - Emergency Family Leave Wages

**Note:** Keep Copy C of Form W-2 for at least 3 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.

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 65262.78	2 Federal Income Tax withheld 9034.68	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 65262.78	4 Social Security Tax withheld 4046.29	
				5 Medicare Wages and Tips 65262.78	6 Medicare Tax withheld 946.31	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 20424.02	14 See instructions for box 14 K 1755.94 V 5508.52	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2022**

Department of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****3772		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.				
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 65262.78	2 Federal Income Tax withheld 9034.68	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 65262.78	4 Social Security Tax withheld 4046.29	
				5 Medicare Wages and Tips 65262.78	6 Medicare Tax withheld 946.31	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 20424.02	14 See instructions for box 14 K 1755.94 V 5508.52	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2022**

Department of the Treasury - Internal Revenue Service  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 65262.78	2 Federal Income Tax withheld 9034.68	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 65262.78	4 Social Security Tax withheld 4046.29	
				5 Medicare Wages and Tips 65262.78	6 Medicare Tax withheld 946.31	
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e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 20424.02	14 See instructions for box 14 K 1755.94 V 5508.52	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2022**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 65262.78	2 Federal Income Tax withheld 9034.68	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 65262.78	4 Social Security Tax withheld 4046.29	
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15 State	Employer'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
15 State	Employer'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

Form **W-2** Wage and Tax Statement **2022**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. 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.

**Earned income credit (EIC).** You may be able to take the EIC for **2022** if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for **2022** or if income is earned for services provided while you were an inmate at a penal institution. For **2022** income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's Social Security Number (SSN).** For your protection, this form may only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and Social Security Administration (SSA).

**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 SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. 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.SSA.gov](http://www.SSA.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 **2022** and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you also may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see *Instructions for Employee* on the back of Copy C.)

## 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 5.** You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans, \$23,500 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in **2022**, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

**A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B** - Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C** - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

**D** - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E** - Elective deferrals under a section 403(b) salary reduction agreement.

**F** - Elective deferrals under a section 408(k)(6) salary reduction SEP.

**J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

**L** - Substantiated employee business expense reimbursements (nontaxable).

**M** - Uncollected Social Security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**N** - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**P** - Excludable moving expense reimbursements paid directly to member of Armed Forces (not included in boxes 1, 3, or 5).

**Q** - Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R** - Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

**S** - Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

**T** - Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

**W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

**AA** - Designated Roth contributions under a section 401(k) plan.

**BB** - Designated Roth contributions under a section 403(b) plan.

**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. This amount does not apply to contributions under a tax-exempt organization 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. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Any amount in box 14 should be coded. The following explains the codes.

**C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)

**E** - Military TSP Contribution (Tax Exempt)

**F** - TIAA/CREF and Fidelity Retirement Contributions

**G** - Pre-Tax Transportation Equity Act Benefits

**H** - Home to Work Transportation Fringe Benefits. (Incl in Box 1)

**K** - Pretax Vision and Dental Deduction

**P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

**R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

**S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

**STT** - Oregon Transit Tax

**T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

**U** - Non-Cash Fringe Benefits (Incl in Box 1)

**V** - Pretax FEHB Incentive

**X** - Occupational Tax/Local Services Tax (CIVILIAN)

**Y** - Pretax Flexible Spending Accounts (CIVILIAN) Employee Contributions

**Z** - Retirement Deductions for Massachusetts Residents Only

**DX** - Sick Leave Wages \$511/day limit

**DY** - Sick Leave Wages \$200/day limit

**DZ** - Emergency Family Leave Wages

**Note:** Keep Copy C of Form W-2 for at least 3 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.

a. Employee's Social Security Number *****3772		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 72117.41	2 Federal Income Tax withheld 10037.77		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 72117.41		4 Social Security Tax withheld 4471.28	
				5 Medicare Wages and Tips 72117.41		6 Medicare Tax withheld 1045.70	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 22019.67		14 See instructions for box 14 K 1808.55 V 6160.04	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****3772		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 72117.41	2 Federal Income Tax withheld 10037.77		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 72117.41		4 Social Security Tax withheld 4471.28	
				5 Medicare Wages and Tips 72117.41		6 Medicare Tax withheld 1045.70	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 22019.67		14 See instructions for box 14 K 1808.55 V 6160.04	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)



a. Employee's Social Security Number *****3772		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 72117.41	2 Federal Income Tax withheld 10037.77		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 72117.41		4 Social Security Tax withheld 4471.28	
				5 Medicare Wages and Tips 72117.41		6 Medicare Tax withheld 1045.70	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 22019.67		14 See instructions for box 14 K 1808.55 V 6160.04	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number *****3772		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 72117.41	2 Federal Income Tax withheld 10037.77		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 72117.41		4 Social Security Tax withheld 4471.28	
				5 Medicare Wages and Tips 72117.41		6 Medicare Tax withheld 1045.70	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 22019.67		14 See instructions for box 14 K 1808.55 V 6160.04	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. 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.

**Earned income credit (EIC).** You may be able to take the EIC for **2023** if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for **2023** or if income is earned for services provided while you were an inmate at a penal institution. For **2023** income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596.

**Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's Social Security Number (SSN).** For your protection, this form may only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and Social Security Administration (SSA).

**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 SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. 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.SSA.gov](http://www.SSA.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 **2023** and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you also may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see *Instructions for Employee* on the back of Copy C.)

## 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 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans, \$25,500 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in **2023**, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

**A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B** - Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C** - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

**D** - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E** - Elective deferrals under a section 403(b) salary reduction agreement.

**F** - Elective deferrals under a section 408(k)(6) salary reduction SEP.

**J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

**L** - Substantiated employee business expense reimbursements (nontaxable).

**M** - Uncollected Social Security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**N** - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**P** - Excludable moving expense reimbursements paid directly to member of Armed Forces (not included in boxes 1, 3, or 5).

**Q** - Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R** - Employer contributions to your Archer MSA. Report on Form 8853.

**S** - Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

**T** - Adoption benefits (not included in box 1). Complete Form 8839 to compute any taxable and nontaxable amounts.

**W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

**AA** - Designated Roth contributions under a section 401(k) plan.

**BB** - Designated Roth contributions under a section 403(b) plan.

**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. This amount does not apply to contributions under a tax-exempt organization 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. See Pub. 590-A.

**Box 14.** Any amount in box 14 should be coded. The following explains the codes.

**C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)

**E** - Military TSP Contribution (Tax Exempt)

**F** - TIAA/CREF and Fidelity Retirement Contributions

**G** - Pre-Tax Transportation Equity Act Benefits

**H** - Taxable Home to Work and/or MILAIR Benefits (Incl in Box 1)

**K** - Pretax Vision and Dental Deduction

**P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

**R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

**S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

**STT** - Oregon Transit Tax

**T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

**U** - Non-Cash Fringe Benefits (Incl in Box 1)

**V** - Pretax FEHB Incentive

**X** - Occupational FEHB Incentive Tax/Local Services Tax (CIVILIAN)

**Y** - Pretax Flexible Spending Account Employee Contributions

**Z** - Retirement Deductions for Massachusetts Residents Only

**DX** - Sick Leave Wages 1/1/21-3/31/21 \$511/day limit

**DY** - Sick Leave Wages 1/1/21-3/31/21 \$200/day limit

**DZ** - Emergency Family Leave Wages 1/121-3/31/21

**EX** - Sick Leave Wages 4/1/21-9/30/21 \$511/day limit

**EY** - Sick Leave Wages 4/1/21-9/30/21 \$200/day limit

**EZ** - Emergency Family Leave Wages 4/1/21-9/30/21

**Note:** Keep Copy C of Form W-2 for at least 3 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.

a. Employee's Social Security Number *****3772		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 78040.46	2 Federal Income Tax withheld 10918.00		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 78040.46		4 Social Security Tax withheld 4838.51	
				5 Medicare Wages and Tips 78040.46		6 Medicare Tax withheld 1131.59	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 23509.38		14 See instructions for box 14 K 1775.32 V 6778.22	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

a. Employee's Social Security Number *****3772		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 78040.46	2 Federal Income Tax withheld 10918.00		
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 78040.46		4 Social Security Tax withheld 4838.51	
				5 Medicare Wages and Tips 78040.46		6 Medicare Tax withheld 1131.59	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9		10 Dependent Care Benefits	
				12 See instructions for box 12 DD 23509.38		14 See instructions for box 14 K 1775.32 V 6778.22	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State	Employer'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	
15 State	Employer'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	

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control number		1 Wages, Tips, and other compensation 78040.46	2 Federal Income Tax withheld 10918.00	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 78040.46	4 Social Security Tax withheld 4838.51	
				5 Medicare Wages and Tips 78040.46	6 Medicare Tax withheld 1131.59	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 23509.38	14 See instructions for box 14 K 1775.32 V 6778.22	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

a. Employee's Social Security Number *****3772		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 31-1575142		d. Control Number		1 Wages, Tips, other compensation 78040.46	2 Federal Income Tax withheld 10918.00	
c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199				3 Social Security Wages 78040.46	4 Social Security Tax withheld 4838.51	
				5 Medicare Wages and Tips 78040.46	6 Medicare Tax withheld 1131.59	
				7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976				9	10 Dependent Care Benefits	
				12 See instructions for box 12 DD 23509.38	14 See instructions for box 14 K 1775.32 V 6778.22	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay		
15 State	Employer'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
15 State	Employer'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

**Future developments.** For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to [www.irs.gov/FormW2](http://www.irs.gov/FormW2).

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. 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.

**Earned income tax credit (EITC).** You may be able to take the EITC for **2024** if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EITC if your investment income is more than the specified amount for **2024** or if income is earned for services provided while you were an inmate at a penal institution. For **2024** income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596.

**Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's Social Security Number (SSN).** For your protection, this form may only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and Social Security Administration (SSA).

**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 SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. 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.SSA.gov](http://www.SSA.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 **2024** and more than \$10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,129.90 in Tier 2 RRTA tax was withheld, you also may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see *Instructions for Employee* on the back of Copy C.)

## 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 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of \$23,000 (\$16,000 if you only have SIMPLE plans, \$26,000 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in **2024**, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

**A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B** - Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C** - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

**D** - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E** - Elective deferrals under a section 403(b) salary reduction agreement.

**F** - Elective deferrals under a section 408(k)(6) salary reduction SEP.

**J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

**L** - Substantiated employee business expense reimbursements (nontaxable).

**M** - Uncollected Social Security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**N** - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**P** - Excludable moving expense reimbursements paid directly to member of Armed Forces (not included in boxes 1, 3, or 5).

**Q** - Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R** - Employer contributions to your Archer MSA. Report on Form 8853.

**S** - Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

**T** - Adoption benefits (not included in box 1). Complete Form 8839 to compute any taxable and nontaxable amounts.

**W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

**AA** - Designated Roth contributions under a section 401(k) plan.

**BB** - Designated Roth contributions under a section 403(b) plan.

**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. This amount does not apply to contributions under a tax-exempt organization 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. See Pub. 590-A.

**Box 14.** Amounts are coded as follows:

**ALX**-Total amount of exempt overtime paid, Alabama (Excl. from Box 16).

**C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)

**E** - Military TSP Contribution (Tax Exempt)

**F** - TIAA/CREF and Fidelity Retirement Contributions

**G** - Pre-Tax Transportation Equity Act Benefits

**H** - Taxable Home to Work and/or MILAIR Benefits (Incl in Box 1)

**K** - Pretax Vision and Dental Deduction

**P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

**R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

**S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

**STT** - Oregon Transit Tax

**T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

**U** - Non-Cash Fringe Benefits (Incl in Box 1)

**V** - Pretax FEHB Incentive

**X** - Occupational FEHB Incentive Tax/Local Services Tax (CIVILIAN)

**Y** - Pretax Flexible Spending Account Employee Contributions (Dependent Care FSA and Health Care FSA)

**Z** - Retirement Deductions for Massachusetts Residents Only

**Note:** Keep Copy C of Form W-2 for at least 3 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.

<b>44444</b>	<b>For Official Use Only</b> OMB No. 1545-0008		
<b>a. Employer's name, address, and ZIP code</b> DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199	<b>c Tax year/Form corrected</b> 2020/W-2 01		<b>d Employee's correct SSN</b> *****3772
	<b>e Corrected SSN and/or name</b> (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>		
	Complete boxes f and/or g only if incorrect on form <b>previously filed.</b>		
	<b>f Employee's previously reported SSN</b>		
<b>b. Employer's Federal EIN</b> 31-1575142	<b>g Employee's previously reported name</b>		
<b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).	<b>h Employee's first name and initial Last name Suff.</b> CLIFFORD J JACKSON 1449 MEADOW PKWY SAN MARCOS TX 786663081		
	<b>i Employee's address and ZIP code</b>		
<b>Previously reported</b>		<b>Correct Information</b>	
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld 2526.74	<b>4</b> Social security tax withheld 3664.28
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12
<b>13</b> Statutory Retirement Third-Party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>13</b> Statutory Retirement Third-Party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>12b</b>	<b>12b</b>
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)	<b>12c</b>	<b>12c</b>
		<b>12d</b>	<b>12d</b>
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct Information</b>	
<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
<b>16</b> State wages, tips, etc	<b>16</b> State wages, tips, etc	<b>16</b> State wages, tips, etc	<b>16</b> State wages, tips, etc
<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax
<b>Locality Correction Information</b>			
<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name

**Copy B - To Be Filed With Employee's FEDERAL Tax Return**



<b>44444</b>	<b>For Official Use Only</b> OMB No. 1545-0008 This information is being furnished to the internal revenue service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
<b>a. Employer's name, address, and ZIP code</b> DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		<b>c Tax year/Form corrected</b> 2020/W-2 01	<b>d Employee's correct SSN</b> *****3772
		<b>e Corrected SSN and/or name</b> (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>	
		Complete boxes f and/or g only if incorrect on form <b>previously filed.</b>	
		<b>f Employee's previously reported SSN</b>	
<b>b. Employer's Federal EIN</b> 31-1575142		<b>g Employee's previously reported name</b>	
<b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>h Employee's first name and initial Last name Suff.</b> CLIFFORD J JACKSON 1449 MEADOW PKWY SAN MARCOS TX 786663081	
		<b>i Employee's address and ZIP code</b>	
<b>Previously reported</b>		<b>Correct Information</b>	
1 Wages, tips, other compensation		1 Wages, tips, other compensation	
3 Social security wages		3 Social security wages	
5 Medicare wages and tips		5 Medicare wages and tips	
7 Social security tips		7 Social security tips	
9		9	
11 Nonqualified plans		11 Nonqualified plans	
13 Statutory employee Retirement plan Third-Party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		13 Statutory employee Retirement plan Third-Party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
14 Other (see instructions)		14 Other (see instructions)	
		12a See instructions for box 12	
		12b	
		12c	
		12d	
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct Information</b>	
15 State		15 State	
Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc		16 State wages, tips, etc	
17 State income tax		17 State income tax	
<b>Locality Correction Information</b>			
18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax		19 Local income tax	
20 Locality name		20 Locality name	

**Copy C - For EMPLOYEE'S RECORDS**

<b>44444</b>	<b>For Official Use Only</b> OMB No. 1545-0008		
<b>a. Employer's name, address, and ZIP code</b> DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199	<b>c Tax year/Form corrected</b> 2020/W-2 01		<b>d Employee's correct SSN</b> *****3772
	<b>e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)</b> <input type="checkbox"/>		
	Complete boxes f and/or g only if incorrect on form <b>previously filed.</b>		
	<b>f Employee's previously reported SSN</b>		
<b>b. Employer's Federal EIN</b> 31-1575142	<b>g Employee's previously reported name</b>		
<b>Note:</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).	<b>h Employee's first name and initial Last name Suff.</b> CLIFFORD J JACKSON 1449 MEADOW PKWY SAN MARCOS TX 786663081		
	<b>i Employee's address and ZIP code</b>		
<b>Previously reported</b>		<b>Correct Information</b>	
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld 2526.74	<b>4</b> Social security tax withheld 3664.28
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12
<b>13</b> Statutory Retirement Third-Party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>13</b> Statutory Retirement Third-Party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>12b</b>	<b>12b</b>
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)	<b>12c</b>	<b>12c</b>
		<b>12d</b>	<b>12d</b>
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct Information</b>	
<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
<b>16</b> State wages, tips, etc	<b>16</b> State wages, tips, etc	<b>16</b> State wages, tips, etc	<b>16</b> State wages, tips, etc
<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax
<b>Locality Correction Information</b>			
<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name

**Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return**

Form **W-2c** (Rev. 8-2014)

**Corrected Wage and Tax Statement**

Department of Treasury  
Internal Revenue Service

## Notice to Employee

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, W-2VI or W-2c) for the tax year shown in box c. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file Form 1040X, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable.

If you have not filed your return for the year shown in box c, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

# Employer-Provided Health Insurance Offer and Coverage

► Do not attach to your tax return. Keep for your records.  
► Go to [www.irs.gov/Form1095C](https://www.irs.gov/Form1095C) for instructions and the latest information.

☐ VOID  
☐ CORRECTED

## PART I Employee

1 Name of employee (First name, middle initial, last name) CLIFFORD JACKSON, JR		2 Social security number (SSN) *****3772		7 Name of employer Dept of Veterans Affairs		8 Employer identification number (EIN) 741612229	
3 Street address (including apartment no.) 1112 CHARDONNAY XING				9 Street address (including room or suite no.) 7600 Metropolis Drive		10 Contact telephone number 8883327411	
4 City or town LEANDER		5 State or province TX		6 Country and ZIP or foreign postal code 78641-7976		11 City or town Austin	
				12 State or province TX		13 Country and ZIP or foreign postal code 78744	

## Applicable Large Employer Member (Employer)

## PART II Employee Offer of Coverage

## Employee's Age on January 1

## Plan Start Month (Enter 2-digit number): 01

	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 105.60	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 Zip Code													

## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



*Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/ACA](http://www.irs.gov/ACA) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

### Part I. Employee

**Lines 1–6.** Part I, lines 1–6, reports information about you, the employee.

**Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

### Part I. Applicable Large Employer Member (Employer)

**Lines 7–13.** Part I, lines 7–13, reports information about your employer.

**Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

### Part II. Employer Offer of Coverage, Lines 14–17

**Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

**1A.** Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, visit [IRS.gov](http://IRS.gov).

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**1C.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

**1D.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

**1E.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

**1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

**1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

**1H.** No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

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**1N.** Individual coverage HRA offered to you, spouse and dependent(s) with affordability determined by using employee's primary residence location ZIP Code.

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**1P.** Individual coverage HRA offered to you and dependent(s) (not spouse) using the employee's primary employment site ZIP Code affordability safe harbor.

**1Q.** Individual coverage HRA offered to you, spouse and dependent(s) using the employee's primary employment site ZIP Code affordability safe harbor.

**1R.** Individual coverage HRA that is NOT affordable offered to you; employee and spouse or dependent(s); or employee, spouse, and dependents.

**1S.** Individual coverage HRA offered to an individual who was not a full-time employee.

**1T.** Individual coverage HRA offered to employee and spouse (no dependents) with affordability determined using employee's primary residence ZIP code.

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**Instructions for Recipient** *(continued)*

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**Line 17.** This line reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA. If code 1L, 1M, or 1N or 1T was used on line 14, this will be your primary residence location. If code 1O, 1P, or 1Q, or 1U was used on line 14, this will be your primary work location. For more information about individual coverage HRAs, visit IRS.gov.

**Part III. Covered Individuals, Lines 18-30**

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (d) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered.

# Employer-Provided Health Insurance Offer and Coverage

► Do not attach to your tax return. Keep for your records.  
► Go to [www.irs.gov/Form1095C](https://www.irs.gov/Form1095C) for instructions and the latest information.

☐ VOID  
☐ CORRECTED

## PART I Employee

1 Name of employee (First name, middle initial, last name) CLIFFORD JACKSON, JR		2 Social security number (SSN) *****3772		7 Name of employer Dept of Veterans Affairs		8 Employer identification number (EIN) 741612229	
3 Street address (including apartment no.) 1112 CHARDONNAY XING				9 Street address (including room or suite no.) 7600 Metropolis Drive		10 Contact telephone number 8883327411	
4 City or town LEANDER		5 State or province TX		6 Country and ZIP or foreign postal code 78641-7976		11 City or town Austin	
				12 State or province TX		13 Country and ZIP or foreign postal code 78744	

## Applicable Large Employer Member (Employer)

## PART II Employee Offer of Coverage

## Employee's Age on January 1

## Plan Start Month (Enter 2-digit number): 01

	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code) 1E													
15 Employee Required Contribution (see instructions) \$ 109.83	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2C													
17 Zip Code													

## Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C, Part II, includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



*Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.*

**Additional information.** For additional information about the tax provisions of the Affordable Care Act (ACA), the premium tax credit, and the employer shared responsibility provisions, visit [www.irs.gov/ACA](http://www.irs.gov/ACA) or call the IRS Healthcare Hotline for ACA questions (800-919-0452).

### Part I. Employee

**Lines 1–6.** Part I, lines 1–6, reports information about you, the employee.

**Line 2.** This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

### Part I. Applicable Large Employer Member (Employer)

**Lines 7–13.** Part I, lines 7–13, reports information about your employer.

**Line 10.** This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

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**Line 14.** The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

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**1F.** Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

**1G.** You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

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**Instructions for Recipient** *(continued)*

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**Part III. Covered Individuals, Lines 18-30**

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☐ VOID  
☐ CORRECTED

<b>PART I Employee</b>				<b>Applicable Large Employer Member (Employer)</b>							
1 Name of employee (First name, middle initial, last name) CLIFFORD JACKSON, JR		2 Social security number (SSN) *****3772		7 Name of employer DEPT OF VETERANS AFFAIRS		8 Employer identification number (EIN) 741612229					
3 Street address (including apartment no.) 1112 CHARDONNAY XING				9 Street address (including room or suite no.) 8000 METROPOLIS DRIVE METCENTER BUILDING B		10 Contact telephone number 8883327411					
4 City or town LEANDER		5 State or province TX		6 Country and ZIP or foreign postal code 78641-7976		11 City or town AUSTIN		12 State or province TX		13 Country and ZIP or foreign postal code 78744	

<b>PART II Employee Offer of Coverage</b>				<b>Employee's Age on January 1</b>					<b>Plan Start Month (Enter 2-digit number):</b> 01				
	All 12 months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)	1E												
15 Employee Required Contribution (see instructions)	\$ 113.12	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
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