1. Pay Period End 03/23/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pay Date 03/29/24

0.1.2		03/29/24							
3. Name JACKSON CLIFFORD JR		Grade/Step	5. Hourly/Dai		Basic OT Rate	7. Basic Pay + Loca 68317.00	lity/Market Adj 13657.00	= Adjusted Basic Pay 81974.00	
8. Soc Sec No ***-**-3772	9. Locality % 19.99		10. FLSA Cat	tegory 11.	SCD Leave 02/07/07	12. Max Leave Car 240	rry Over 1	3. Leave Year End 01/11/25	
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION	1:	5. Financial GECU	Institution - A	lotment #1		16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK			
17. Tax Marital Status FED S 0 0 0 0 0		larital Exem tatus 0	nptions Add'I	Taxing A	uthority	19. Cumulative Re FERS: 65	tirement 2	20. Military Deposit	
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY	Current 3142.40 2808.73 333.67 1486.30 1656.10	2168 1947 223 1023	Do Date 84.80 70.99 13.81 36.99	22.					
TYPE HOURS/DAYS REGULAR PAY 80.00	AMOUNT TY 3142.40			RS/DAYS	GS AMOUNT	TYPE	HOURS/DA	AYS AMOUNT	
1	DDE CURRE (2) 350. B 12. 40. K 25. 376. 50.	00 30 73 14 88	DEDUC TO DATE 2450.00 84.90 282.33 173.48 2612.47 304.36	TIONS TYPE FEGLI FEHB OASDI VCS DEDU TSP LOAN VISION		CODE W0 112 JC 019008G	CURRENT 13.44 262.60 174.14 125.00 35.00 20.11	92.80 1788.82 1207.20 875.00 245.00	
			LEA	VE					
IYPE BA	ALANCE 132.00 106.75	PAY PD 8.00 4.00	ACCRUED YTD 40.00 20.00	USED PAY PD 17.00	VSED YTD 47.00 28.50 8.00	DONATED/ RETURNED	CURRENT BALANCE 125.00 98.25	USE-LOSE/ TERM DATE 53.00	
	BENEF	ITS PAII	D BY GO	VERNM	IENT FOF	RYOU			
TYPE FEGLI MEDICARE RETIRE, FERS	6.72 40.73 578.20	YEAR	46.40 282.33 3990.00	TYPE FEHB OASDI TSP BASI	C	646 174	JRRENT 5.18 1.14 42	YEAR TO DATE 4453.74 1207.20 216.82	

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

1. Pay Period End 04/06/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pay Date 04/12/24

	VISIT THE DFA	S WEB SITE AT:	WWW.DFAS.MIL		04/12/24
3. Name JACKSON CLIFFORD JR	4. Pay Plan/Grad	e/Step 5. Hourly/Dai	lly Rate 6. Basic OT Rate 48.75	7. Basic Pay + Locality/Market / 68317.00 13657.00	Adj = Adjusted Basic Pay
8. Soc Sec No ***-**-3772	9. Locality % 19.99	10. FLSA Ca	tegory 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		nancial Institution - A		16. Financial Institution - Allot GECU	ment #2
17. Tax Marital Exemptions Add Status FED S 0 0	d'I 18. Tax Marita Status	Exemptions Add'	I Taxing Authority	19. Cumulative Retirement FERS: 6602.24	20. Military Deposit
0 0		0 0		FERS: 6602.24	
21. GROSS PAY	Current		22.	1	1
TAXABLE WAGES	3142.40 2808.73	24827.20 22279.72			
NONTAXABLE WAGES	333.67	2547.48			
TAX DEFERRED WAGES DEDUCTIONS AEIC	2061.30	12298.29			
NET PAY	1081.10	12528.91			
TYPE HOURS/DAYS REGULAR PAY 80.00	AMOUNT TYPE	CURRENT HOU	EARNINGS RS/DAYS AMOUNT	TYPE HOURS	DAYS AMOUNT
		DEDUC			
TYPE (ALLOTMENT, SV	CODE CURRENT (3) 925.00	YEAR TO DATE 3375.00	TYPE FEGLI	CODE CURREN	
FEGLI OPTNL MEDICARE	B 12.30 40.73	97.20 323.06	FEHB OASDI	112 262. 174.	60 2051.42
RETIRE, FERS TAX, FEDERAL DENTAL	K 25.14 376.88 50.96	198.62 2989.35 355.32	VCS DEDUCT TSP LOANS VISION	JC 125. 019008G 35. 20.	00 1000.00 00 280.00
		LEA	VE		
II Y P E	_	Y PD YTD	PAY PD YTD	DONATED/ CURREN' RETURNED BALANCI	TERM DATE
ANNUAL SICK HOLIDAY		3.00 48.00 4.00 24.00	47.00 28.50 8.00	133.0 102.2	53.00
	BENEFITS	S PAID BY GC	VERNMENT FOR	RYOU	
TYPE	CURRENT		TYPE	CURRENT	YEAR TO DATE
FEGLI MEDICARE RETIRE, FERS	6.72 40.73 578.20	53.12 323.06 4568.20	FEHB OASDI TSP BASIC	646.18 174.14 31.42	5099.92 1381.34 248.24
		DEM	\D\(\text{0}\)		

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

1. Pay Period End 04/20/24

2. Pay Date 04/26/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL

3. Name	ODD TD	4. Pa	-		Step 04	5. Hour		ily Rate		sic OT Rate			lity/Market A		usted Basic Pay
8. Soc Sec No ***-**-3772	JRD UR	9. Lo	ocality %					tegory	11. S	.75 CD Leave 2/07/07	12. Ma	ax Leave Car		13. Le	ave Year End
14. Financial Instituti	,	N .		-				.llotment		, , , , ,	1 -	16. Financial Institution - Allotment #2			
Status	•	Add'l 18. 7	Tax 1	Marital Status		ptions		I Taxin	g Auth	nority		ımulative Re		20. Mi	litary Deposit
	0 0				0		0				FERS:	66	527.38		
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAG TAX DEFERRED W DEDUCTIONS AEIC NET PAY		3142 2808	3.73 3.67 L.29	`	2796 2508 288 1439	o Date 69.60 88.45 81.15 59.58		22.			1				
TYPE REGULAR PAY	HOURS/DAY		UNT 1	ГҮРЕ		RRE		EARN RS/DAY		S AMOUNT	TYPE		HOURS/[DAYS	AMOUNT
TYPE ALLOTMENT,SV FEGLI OPTNL MEDICARE RETIRE, FERS TAX, FEDERAL DENTAL		CODE (3) B	12 40 25 376	ENT .00 .30 .72 .14 .88	YEAR	TO DA 4300. 109. 363. 223. 3366. 406.	ATE .00 .50 .78 .76	TION TYPE FEGLI FEHB OASDI VCS D TSP L VISIO	EDUCT OANS	г		CODE W0 112 JC 019008G	CURREN 13.4 262.6 174.1 125.0 35.0 20.1	4 0 4 0	EAR TO DATE 119.68 2314.02 1555.48 1125.00 315.00 160.85
							LEA	VE							
TYPE ANNUAL SICK HOLIDAY		PRIOR Y BALANC 132.0 106.7	E 0				YTD 6.00	PAY 44.	PD	USED YTD 91.00 28.50 8.00	DONA RETUR		CURRENT BALANCE 97.00 106.25		USE-LOSE/ TERM DATE 9.00

RENEFITS	שיום		\sim			1
REMEELLS	PAII)	ΗY	(- ())	\prime \vdash \bowtie \bowtie	FUR YUI	

TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE
FEGLI	6.72	59.84	FEHB	646.18	5746.10
MEDICARE	40.72	363.78	OASDI	174.14	1555.48
RETIRE, FERS	578.20	5146.40	TSP BASIC	31.42	279.66

REMARKS

YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. MISSED TAX DAY? CALL THE IRS FOR ASSISTANCE AT 1-800-829-1040 OR ACCESS THEIR WEBSITE AT WWW.IRS.GOV. 262.60 PRETAX FEHB EXCLUSION \$

1. Pay Period End 05/04/24

2. Pay Date 05/10/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

JACKSON CLIFFORD JR GS	11 0 cality % .99 15. Finan GECU	4 39.28 10. FLSA Ca E	ategory 11.	asic OT Rate 8.75 SCD Leave 02/07/07	7. Basic Pay + Loca 68317.00 12. Max Leave Car 240	13657.00	dj = Adjusted Basic Pay 81974.00 13. Leave Year End
***-**-3772 19. 14. Financial Institution - Net Pay	15. Finan GECU	Encial Institution - A				ry Over	
	GECU AX Marital E		Ilotment #1				01/11/25
NAVI FEDERAL CREDII UNION			15. Financial Institution - Allotment #1 GECU 16. Financial Inst USAA FEDER				
17. Tax Marital Exemptions Add'l 18. Ta Status FED S 0 0		exemptions Add 0 0	'I Taxing Au	thority	19. Cumulative Re	tirement	20. Military Deposit
0 0		0 0			reks. oc	152.52	
21. Curre			22.				
GROSS PAY 3142. TAXABLE WAGES 2808.		31112.00 27897.18					
NONTAXABLE WAGES 333.		3214.82					
TAX DEFERRED WAGES DEDUCTIONS 1451. AEIC	.31	15810.89					
NET PAY 1691.	.09	15301.11					
		CURRENT	EARNIN	GS			
TYPE HOURS/DAYS AMOUI REGULAR PAY 80.00 3142.4	NT TYPE 40		RS/DAYS	AMOUNT	TYPE	HOURS/D	AYS AMOUNT
TYPE CODE C ALLOTMENT,SV (2) FEGLI OPTNL B MEDICARE RETIRE, FERS K TAX, FEDERAL DENTAL	350.00 12.30 40.73 25.14 376.88 50.96	DEDUC YEAR TO DATE 4650.00 121.80 404.91 248.90 3743.11 457.24	TIONS TYPE FEGLI FEHB OASDI VCS DEDUC TSP LOANS VISION		CODE W0 112 JC 019008G	13.4 262.6 174.1 125.0 20.1	4 133.12 0 2576.62 5 1729.63 0 1250.00 315.00
		LEA	AVE				
TYPE PRIOR YR BALANCE	PAY P	D YTD	PAY PD	YTD I	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL 132.00 SICK 106.75 HOLIDAY				91.00 28.50 8.00		105.00 110.25	9.00
BE	NEFITS F	PAID BY GC	VERNM	ENT FOR	R YOU		
MEDICARE 40	ENT Y 5.72 1.73 1.20	66.56 404.51 5724.60	TYPE FEHB OASDI TSP BASIC	!	646 174	RRENT .18 .15 .42	YEAR TO DATE 6392.28 1729.63 311.08

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.

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

REMARKS

FEHB

OASDI

TSP BASIC

646.18

174.14

31.42

7038.46

1903.77

73.28

445.24

6302.80

YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60

6.72

578.20

FEGLI

MEDICARE

RETIRE, FERS

1. Pay Period End DEPARTMENT OF DEFENSE 06/01/24 2. Pav Date CIVILIAN LEAVE AND EARNINGS STATEMENT LES 06/07/24 VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 4. Pay Plan/Grade/Step | 5. Hourly/Daily Rate | 6. Basic OT Rate | 7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 3. Name JACKSON CLIFFORD JR 13657.00 11 39.28 68317.00 81974.00 8. Soc Sec No 10. FLSA Category 11. SCD Leave 9. Locality % 12. Max Leave Carry Over 13. Leave Year End ***-**-3772 02/07/07 01/11/25 19.99 14. Financial Institution - Net Pay 15. Financial Institution - Allotment #1 16. Financial Institution - Allotment #2 NAVY FEDERAL CREDIT UNION GECU USAA FEDERAL SAVINGS BANK 17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Military Deposit Status FED S 0 0 Ω 0 FERS: 6702.80 0 0 21. Year to Date 22. Current **GROSS PAY** 3142.40 37396.80 TAXABLE WAGES 2808.73 33514.64 NONTAXABLE WAGES 333.67 3882.16 TAX DEFERRED WAGES 18713.48 **DEDUCTIONS** 1451.29 AEIC **NET PAY** 18683.32 1691.11 **CURRENT EARNINGS** TYPE AMOUNT TYPE AMOUNT TYPE HOURS/DAYS HOURS/DAYS HOURS/DAYS **AMOUNT** REGULAR PAY 80.00 3142.40 **DEDUCTIONS** CODE CODE TYPE **CURRENT** YEAR TO DATE **CURRENT** YEAR TO DATE ALLOTMENT, SV (2)350.00 5350.00 FEGLI WΟ 13.44 160.00 146.40 485.96 3101.82 2077.91 1500.00 12.30 40.72 FEGLI OPTNL Ŕ FEHB 112 262.60 MEDICARE OASDI 174.14 RETIRE, FERS TAX, FEDERAL VCS DEDUCT TSP LOANS K 25.14 299.18 JC 125.00 376.88 4496.87 019008G 315.00

ACCRUED	ACCRUED
ACCITOLD	ACCITOLD

559.16

SICK HOLIDAY	106.75	4.00 40.00	1.50 30.00 9.00 17.00	116.75	
TYPE	CURRENT	YEAR TO DATE	TYPE	CURRENT	YEAR TO DATE

LEAVE

YTD

80.00

VISION

USED

PAY PD

USED

91.00

YTD

DONATED/

RETURNED

20.11

CURRENT

BALANCE

121.00

221.18

USE-LOSE/

TERM DATE

9.00

 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

50.96

PAY PD

8.00

PRIOR YR

BALANCE

132.00

DENTAL

TYPE

ANNUAL

1. Pay Period End DEPARTMENT OF DEFENSE 06/15/24 2. Pav Date CIVILIAN LEAVE AND EARNINGS STATEMENT LES 06/21/24 VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 4. Pay Plan/Grade/Step | 5. Hourly/Daily Rate | 6. Basic OT Rate | 7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 3. Name 13657.00 JACKSON CLIFFORD JR 11 39.28 68317.00 81974.00 10. FLSA Category 11. SCD Leave 8. Soc Sec No 9. Locality % 12. Max Leave Carry Over 13. Leave Year End ***-**-3772 02/07/07 19.99 01/11/25 14. Financial Institution - Net Pay 15. Financial Institution - Allotment #1 16. Financial Institution - Allotment #2 NAVY FEDERAL CREDIT UNION GECU USAA FEDERAL SAVINGS BANK 17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Military Deposit Status FED S 0 0 Ω 0 FERS: 6727.94 0 0 21. Year to Date 22. Current **GROSS PAY** 3142.40 40539.20 TAXABLE WAGES 2808.73 36323.37 NONTAXABLE WAGES 333.67 4215.83 TAX DEFERRED WAGES **DEDUCTIONS** 20164.78 1451.30 AEIC **NET PAY** 20374.42 1691.10 **CURRENT EARNINGS** AMOUNT TYPE AMOUNT TYPE **TYPE** HOURS/DAYS HOURS/DAYS HOURS/DAYS **AMOUNT** REGULAR PAY 80.00 3142.40 **DEDUCTIONS** CODE **CURRENT** CODE TYPE YEAR TO DATE **CURRENT** YEAR TO DATE ALLOTMENT, SV (2)350.00 5700.00 FEGLI WΟ 13.44 173.44 12.30 40.73 FEGLI OPTNL Ŕ 158.70 FEHB 112 262.60 3364.42 MEDICARE 526.69 OASDI 174.14 2252.05 RETIRE, FERS TAX, FEDERAL 324.32 4873.75 VCS DEDUCT TSP LOANS 1625.00 K JC 25.14 125.00 376.88 019008G 315.00 DENTAL 50.96 610.12 VISION 20.11 241.29 **LEAVE**

	17.00
BENEFITS PAID BY	GOVERNMENT FOR YOU

USED

9.00

PAY PD

USED

100.00

30.00

YTD

DONATED/

RETURNED

CURRENT

BALANCE

120.00

120.75

USE-LOSE/

TERM DATE

ACCRUED

YTD

88.00

44.00

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

PRIOR YR

BALANCE

132.00

106.75

TYPE

SICK

ANNUAL

HOLIDAY

ACCRUED

PAY PD

8.00

4.00

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

YEAR TO DATE

93.44

567.42

8037.40

YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60

CURRENT

6.72

578.20

HOLIDAY

TYPE

FEGLI

MEDICARE

RETIRE, FERS

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

REMARKS

BENEFITS PAID BY GOVERNMENT FOR YOU

TYPE

FEHB

OASDI

TSP BASIC

9.00

CURRENT

646.18

174.14

31.42

YEAR TO DATE

8977.00

2426.19 436.76

1. Pay Period End DEPARTMENT OF DEFENSE 07/13/24 CIVILIAN LEAVE AND EARNINGS STATEMENT LES 2. Pav Date 07/19/24 VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 4. Pay Plan/Grade/Step | 5. Hourly/Daily Rate | 6. Basic OT Rate | 7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 3. Name 13657.00 JACKSON CLIFFORD JR 11 39.28 68317.00 81974.00 10. FLSA Category 11. SCD Leave 8. Soc Sec No 9. Locality % 12. Max Leave Carry Over 13. Leave Year End ***-**-3772 02/07/07 19.99 01/11/25 15. Financial Institution - Allotment #1 16. Financial Institution - Allotment #2 14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION GECU USAA FEDERAL SAVINGS BANK 17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Military Deposit Status FED S 0 0 Ω 0 FERS: 6778.22 0 0 21. 22. Current Year to Date **GROSS PAY** 3142.40 46824.00 TAXABLE WAGES 2808.73 41940.83 NONTAXABLE WAGES 333.67 4883.17 TAX DEFERRED WAGES **DEDUCTIONS** 23067.37 1451.29 AEIC **NET PAY** 23756.63 1691.11 **CURRENT EARNINGS** AMOUNT TYPE AMOUNT TYPE **TYPE** HOURS/DAYS HOURS/DAYS HOURS/DAYS **AMOUNT** REGULAR PAY 80.00 3142.40 **DEDUCTIONS** CODE CODE TYPE **CURRENT** YEAR TO DATE **CURRENT** YEAR TO DATE ALLOTMENT, SV (2)350.00 6400.00 FEGLI WΟ 13.44 200.32 3889.62 2600.33 12.30 40.72 183.30 608.14 FEGLI OPTNL Ŕ FEHB 112 262.60 MEDICARE OASDI 174.14 RETIRE, FERS TAX, FEDERAL 374.60 5627.51 VCS DEDUCT K 25.14 JC 1875.00 125.00 376.88 019008G 315.00 DENTAL 50.96 712.04 VISION 20.11 281.51 **LEAVE** PRIOR YR **ACCRUED ACCRUED CURRENT** USE-LOSE/ **USED USED** DONATED/ TYPE **BALANCE** PAY PD YTD PAY PD YTD RETURNED **BALANCE TERM DATE** 104.00 ANNUAL 132.00 8.00 9.00 113.50 122.50 47.00 35.00 SICK 106.75 4.00 52.00 111.75 9 00 HOLIDAY BENEFITS PAID BY GOVERNMENT FOR YOU YEAR TO DATE TYPE CURRENT **TYPE** CURRENT YEAR TO DATE

REMARKS

FEHB

OASDI

TSP BASIC

646.18

174.14

31.42

9623.18

2600.33

468.18

100.16

608.14

8615.60

YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60

6.72

578.20

FEGLI

MEDICARE

RETIRE, FERS

DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT LES

1. Pay Period End 07/27/24

2. Pay Date 08/02/24

		V	ISIT THE	DFAS	WEI	B SITE AT	: WWW	/.DF	AS.MIL				08/	02/24
3. Name JACKSON CLIF	FORD JR		4. Pay Pl	an/Grade	/Step 04	5. Hourly/Da 39.28	ily Rate		asic OT Rate	7. Basic Pay 68317.0		lity/Market Ac 13657.00		usted Basic Pay
8. Soc Sec No ***-**-3772			9. Localit 19.99	y %		10. FLSA C	ategory		SCD Leave 02/07/07	12. Max Le 240	ave Cai	rry Over		ave Year End /11/25
14. Financial Institu NAVY FEDERAL	•	ON	•	15. Fin GEC		Institution - A	Allotment	#1				ution - Allotm		
17. Tax Marital Status	Exemptions	Add'l	18. Tax	Marital Status	Exer	mptions Add	"I Taxin	g Aut	thority	19. Cumula	tive Re	tirement	20. Mil	litary Deposit
FED S	0	0		Otatus	0	0				FERS:	68	303.36		
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED V DEDUCTIONS AEIC	AGES		Current 3142.40 2808.73 333.67 1451.30		499 447 52	to Date 166.40 149.56 116.84	22.			I				
NET PAY			1691.10		254	47.73								
TYPE REGULAR PAY	HOURS/DA	YS	AMOUNT 3142.40	TYPE	CL		JRS/DAY	S	GS AMOUNT	TYPE		HOURS/D	AYS	AMOUNT
TYPE ALLOTMENT,SV FEGLI OPTNL MEDICARE RETIRE, FERS TAX, FEDERAL DENTAL		COI	2) 3 B K	RRENT 50.00 12.30 40.73 25.14 76.88 50.96	YEAI	DEDU(R TO DATE 6750.00 195.60 648.87 399.74 6004.39 763.00	TYPE FEGLI FEHB OASDI VCS D TSP I VISIO	EDUC			CODE W0 112 JC 9008G	CURREN 13.4 262.6 174.1 125.0	4 0 4 0	213.76 4152.22 2774.47 2000.00 315.00 301.62
						LE/	٩VE							
TYPE ANNUAL SICK HOLIDAY		BA	OR YR LANCE 132.00 106.75			ACCRUEI YTI 112.00 56.00	PAY	SED PD	USED YTD 113.50 47.00 35.00	DONATED/ RETURNED		CURRENT BALANCE 130.50 115.75		USE-LOSE/ TERM DATE
			BENI	FITS	PAI	D BY GO	OVER	NM	ENT FOR	RYOU				
TYPE FEGLI MEDICARE RETIRE, FERS			6.7 40.7 578.2	2 3	YEAF	106.88 648.87 9193.80	TYPE FEHB OASDI TSP B	ASIC			646 174	JRRENT 5.18 1.14 42	YE	10269.36 2774.47 499.60
							ARKS							
YOUR PAYROLL O		MBER 1 262.6		500 - Di	EPART	TMENT OF V	ETERANS	AFI	FAIRS.					

1. Pay Period End DEPARTMENT OF DEFENSE 08/10/24 2. Pav Date CIVILIAN LEAVE AND EARNINGS STATEMENT LES 08/16/24 VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 4. Pay Plan/Grade/Step | 5. Hourly/Daily Rate | 6. Basic OT Rate | 7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 3. Name JACKSON CLIFFORD JR 11 39.28 68317.00 13657.00 81974.00 10. FLSA Category 11. SCD Leave 8. Soc Sec No 9. Locality % 12. Max Leave Carry Over 13. Leave Year End ***-**-3772 02/07/07 19.99 01/11/25 14. Financial Institution - Net Pay 15. Financial Institution - Allotment #1 16. Financial Institution - Allotment #2 NAVY FEDERAL CREDIT UNION GECU USAA FEDERAL SAVINGS BANK 17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Military Deposit Status FED S 0 0 Ω 0 FERS: 6828.50 0 0 21. Year to Date 22. Current **GROSS PAY** 3142.40 53108.80 TAXABLE WAGES 2808.73 47558.29 NONTAXABLE WAGES 333.67 5550.51 TAX DEFERRED WAGES **DEDUCTIONS** 25969.97 1451.30 AEIC **NET PAY** 27138.83 1691.10 **CURRENT EARNINGS** AMOUNT TYPE AMOUNT TYPE **TYPE** HOURS/DAYS HOURS/DAYS HOURS/DAYS **AMOUNT** REGULAR PAY 80.00 3142.40 **DEDUCTIONS** CODE CODE TYPE **CURRENT** YEAR TO DATE **CURRENT** YEAR TO DATE ALLOTMENT, SV (2)350.00 7100.00 FEGLI WΟ 13.44 227.20

6.75	4.00	60.00	1.50	48.50 35.00	
BENE	FITS PAID	BY GOVI	ERNMI	ENT FO	R YOU

YTD

120.00

LEAVE

FEHB

OASDI

VISION

VCS DEDUCT TSP LOANS

USED

PAY PD

USED

113.50

YTD

112

JC

019008G

DONATED/

RETURNED

262.60

174.14

125.00

20.11

CURRENT

BALANCE

138.50

118.25

4414.82 2948.61 2125.00 315.00

321.73

USE-LOSE/

TERM DATE

207.90 689.60

424.88

813.96

ACCRUED

6381.27

			_		
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

12.30 40.73

25.14

50.96

ACCRUED

PAY PD

8.00

376.88

Ŕ

K

PRIOR YR

BALANCE

106.

132.00

FEGLI OPTNL

RETIRE, FERS TAX, FEDERAL

MEDICARE

DENTAL

TYPE

SICK

ANNUAL

HOLIDAY

1. Pay Period End DEPARTMENT OF DEFENSE 08/24/24 2. Pav Date CIVILIAN LEAVE AND EARNINGS STATEMENT LES 08/30/24 VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 4. Pay Plan/Grade/Step | 5. Hourly/Daily Rate | 6. Basic OT Rate | 7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 3. Name JACKSON CLIFFORD JR 13657.00 11 39.28 68317.00 81974.00 8. Soc Sec No 10. FLSA Category 11. SCD Leave 9. Locality % 12. Max Leave Carry Over 13. Leave Year End ***-**-3772 02/07/07 01/11/25 19.99 14. Financial Institution - Net Pay 15. Financial Institution - Allotment #1 16. Financial Institution - Allotment #2 NAVY FEDERAL CREDIT UNION GECU USAA FEDERAL SAVINGS BANK 17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Military Deposit Status FED S 0 0 Ω 0 FERS: 6853.64 0 0 21. Year to Date 22. Current **GROSS PAY** 3142.40 56251.20 TAXABLE WAGES 2808.73 50367.02 NONTAXABLE WAGES 333.67 5884.18 TAX DEFERRED WAGES **DEDUCTIONS** 27421.27 1451.30 AEIC **NET PAY** 28829.93 1691.10 **CURRENT EARNINGS** TYPE AMOUNT TYPE AMOUNT TYPE HOURS/DAYS HOURS/DAYS HOURS/DAYS **AMOUNT** REGULAR PAY 80.00 3142.40 **DEDUCTIONS** CODE CODE TYPE **CURRENT** YEAR TO DATE **CURRENT** YEAR TO DATE ALLOTMENT, SV (2)350.00 7450.00 FEGLI WΟ 13.44 240.64 4677.42 3122.76 2250.00 12.30 40.72 220.20 730.32 FEGLI OPTNL Ŕ FEHB 112 262.60 MEDICARE OASDI 174.15 RETIRE, FERS TAX, FEDERAL VCS DEDUCT TSP LOANS K 25.14 450.02 JC 125.00

ACCRUED	ACCRUED	

6758.15

864.92

SICK HOLIDAY	106.75	4.00	64.00	48.50 35.00	122.25	
	BENEFI	TS PAID	BY GOVER	NMENT FOR Y	DU	
TYPE	CURRENT	YEAR T	O DATE TYPE		CURRENT	YEAR TO DATE

LEAVE

YTD

128.00

VISION

USED

PAY PD

TSP BASIC

USED

9.00 122.50

YTD

019008G

DONATED/

RETURNED

20.11

CURRENT

BALANCE

137.50

315.00

341.84

USE-LOSE/

TERM DATE

562.44

120.32 646.18 11561.72 FEGLI 6.72 FEHB MEDICARE 730.32 OASDI 174.15 31.42 3122.76

10350.20

REMARKS

YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60

376.88

PRIOR YR

BALANCE

132.00

50.96

PAY PD

8.00

DENTAL

TYPE

ANNUAL

RETIRE, FERS

1. Pay Period End DEPARTMENT OF DEFENSE 09/07/24 2. Pav Date CIVILIAN LEAVE AND EARNINGS STATEMENT LES 09/13/24 VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 4. Pay Plan/Grade/Step 5. Hourly/Daily Rate 6. Basic OT Rate 7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 3. Name JACKSON CLIFFORD JR 11 39.28 68317.00 13657.00 81974.00 10. FLSA Category 11. SCD Leave 12. Max Leave Carry Over 13. Leave Year End 8. Soc Sec No 9. Locality % ***-**-3772 19.99 02/07/07 01/11/25 14. Financial Institution - Net Pay 15. Financial Institution - Allotment #1 16. Financial Institution - Allotment #2 NAVY FEDERAL CREDIT UNION GECU USAA FEDERAL SAVINGS BANK Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Military Deposit Status 0 0 FED S Ω 0 FERS: 6878.78 0 0 21. Year to Date 22. Current **GROSS PAY** 3142.40 59393.60 TAXABLE WAGES 2808.73 53175.75 NONTAXABLE WAGES 333.67 6217.85 TAX DEFERRED WAGES **DEDUCTIONS** 28872.57 1451.30 AEIC **NET PAY** 1691.10 30521.03

REGULAR PAY	80.00	314	2.40					
				DEDU	CTIONS			
TYPE		CODE	CURRENT	YEAR TO DATE	TYPE	CODE	CURRENT	YEAR TO DATE
ALLOTMENT, SV		(2)	350.00	7800.00	FEGLI	WO	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
				1.5	^ \ / C			

CURRENT EARNINGS

HOURS/DAYS

AMOUNT TYPE

AMOUNT

HOURS/DAYS

			LEA	VE				
TYPE	PRIOR YR BALANCE	ACCRUED PAY PD	ACCRUED YTD	USED PAY PD	USED YTD	DONATED/ RETURNED	CURRENT BALANCE	USE-LOSE/ TERM DATE
ANNUAL SICK HOLIDAY	132.00 106.75	8.00 4.00	136.00 68.00	18.00	140.50 48.50 44.00	KETOKNED	127.50 126.25	TERMIDATE

	BENEFI [*]	TS PAID BY G	OVERNMENT 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 BASTC	31 42	593 86

REMARKS

YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60

AMOUNT TYPE

TYPE

HOURS/DAYS

1. Pay Period End 09/21/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pay Date 09/27/24

	ISIT THE	DFAS WEI	B SITE AT:	WWW	DFAS.MIL			09/27/24
3. Name						7. Basic Pay + Loc	cality/Market Ad	dj = Adjusted Basic Pay
JACKSON CLIFFORD JR	GS	11 04	39.28	.,	48.75	68317.00	13657.00	81974.00
8. Soc Sec No	9. Locality	%	10. FLSA Ca	tegory	11. SCD Leave	12. Max Leave C	arry Over	13. Leave Year End
***-**-3772	19.99		E	0 ,	02/07/07	240	,	01/11/25
14. Financial Institution - Net Pay	' I	15. Financial	Institution - A	llotment	#1	16. Financial Inst	itution - Allotm	nent #2
NAVY FEDERAL CREDIT UNION		GECU				USAA FEDER	AL SAVINGS	BANK
17. Tax Marital Exemptions Add'l	18. Tax	Marital Exer	nptions Add'	Taxin	g Authority	19. Cumulative R	Retirement	20. Military Deposit
Status FED S 0 0		Status				TED C.		
FED S 0 0 0		0	0			FERS: 6	6903.92	
21.	Current	Year t	o Date	22.		ı	I I	
GROSS PAY	3142.40	625	36.00					
TAXABLE WAGES	2808.73	559	84.48					
NONTAXABLE WAGES	333.67	65	51.52					
TAX DEFERRED WAGES	1451 00	202	00.06					
DEDUCTIONS AEIC	1451.29	303	23.86					
NET PAY	1691.11	322	12.14					
					11100			
TVD5 HOUDO/DAY/O	4.4.Q.I.N.IT		IRRENT I			T) (DE	1101100/0	
TYPE HOURS/DAYS REGULAR PAY 80.00	AMOUNT 3142.40	TYPE	HOU	RS/DAY	S AMOUNT	TYPE	HOURS/D	DAYS AMOUNT
00.00	3112.10		DEDUC	NOIT:	9			
TYPE CO	DE CURF	RENT YEAR	R TO DATE	TYPE	3	CODE	CURREN	T YEAR TO DATE
ALLOTMENT, SV	(2) 350	0.00	8150.00	FEGLI		M(0 13.4	4 267.52
FEGLI OPTNL MEDICARE		2.30 0.72	244.80 811.77	FEHB OASDI		112	2 262.6 174.1	
RETIRE, FERS	K 25	5.14	500.30	VCS D		JO	125.0	0 2500.00
TAX, FEDERAL DENTAL		5.88 D.96	7511.91 966.84	TSP L		0190080	3 20.1	315.00 1 382.06
DENTAL	50	0.90			LV		20.1	362.00
			LEA	VE				
TIYPE		ACCRUED	ACCRUED			DONATED/	CURRENT	USE-LOSE/
BA BA	LANCE	PAY PD	YTD	PAY		RETURNED	BALANCE	TERM DATE
	132.00 106.75	8.00 4.00	144.00 72.00		140.50 48.50		135.50 130.25	
HOLIDAY	100.75	1.00	72.00		44.00		130.23	
	BENE	FITS PAI	D BY GC	VERI	NMENT FOR	RYOU		
TYPE	CURRENT			TYPE			URRENT	YEAR TO DATE
FEGLI	6.72	/	133.76	FEHB			46.18	12854.08
MEDICARE	40.72 578.20		811.77 11506.60	OASDI TSP BA	NCTC		74.14 31.42	3471.04
RETIRE, FERS	5/8.20		11300.00	ISP BA	POTC	3	01.44	625.28
				=				
			REMA	RKS				

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

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

1. Pay Period End

2. Pav Date

2. Pay Date 10/11/24

VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 4. Pay Plan/Grade/Step | 5. Hourly/Daily Rate | 6. Basic OT Rate | 7. Basic Pay + Locality/Market Adj = Adjusted Basic Pay 3. Name 13657.00 JACKSON CLIFFORD JR 11 39.28 68317.00 81974.00 10. FLSA Category 11. SCD Leave 8. Soc Sec No 9. Locality % 12. Max Leave Carry Over 13. Leave Year End ***-**-3772 02/07/07 19.99 01/11/25

14. Financial Institution - Net Pay15. Financial Institution - Allotment #116. Financial Institution - Allotment #2NAVY FEDERAL CREDIT UNIONGECUUSAA FEDERAL SAVINGS BANK

17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Military Deposit Status FED S 0 0 Ω 0 FERS: 6929.06 0 0

21. 22. Current Year to Date **GROSS PAY** 3142.40 65678.40 TAXABLE WAGES 2808.73 58793.21 NONTAXABLE WAGES 333.67 6885.19 TAX DEFERRED WAGES **DEDUCTIONS** 31775.16 1451.30 AEIC

NET PAY 1691.10 33903.24 CURRENT EARNINGS

TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS AMOUNT REGULAR PAY 80.00 3142.40

DEDUCTIONS CODE CODE TYPE **CURRENT** YEAR TO DATE **CURRENT** YEAR TO DATE ALLOTMENT, SV (2)350.00 8500.00 FEGLI WΟ 13.44 280.96 5465.22 3645.18 12.30 40.73 257.10 852.50 FEGLI OPTNL Ŕ FEHB 112 262.60 MEDICARE OASDI 174.14 RETIRE, FERS TAX, FEDERAL 525.44 7888.79 VCS DEDUCT K JC 2625.00 25.14 125.00 376.88 019008G 315.00 DENTAL 50.96 1017.80 VISION 20.11 402.17

LEAVE

PRIOR YR **ACCRUED ACCRUED CURRENT** USE-LOSE/ **USED USED** DONATED/ TYPE RETURNED **BALANCE** PAY PD YTD PAY PD YTD **BALANCE TERM DATE** ANNUAL 132.00 8.00 152.00 1.00 141.50 142.50 56.50 44.00 SICK 106.75 4.00 76.00 8.00 126.25 HOLIDAY

BENEFITS PAID BY GOVERNMENT FOR YOU

YEAR TO DATE TYPE CURRENT TYPE CURRENT YEAR TO DATE FEGLI 6.72 140.48 FEHB 646.18 13500.26 MEDICARE 852.50 OASDI 174.14 3645.18 656.70 578.20 TSP BASIC RETIRE, FERS 12084.80 31.42

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

<u>DEPARTMENT OF DEFENSE</u>

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/			7. Basic Pay + Locality/Market A 68317.00 13657.00	Adj = Adjusted Basic Pay 81974.00							
8. Soc Sec No ***-**-3772	9. Locality % 19.99	10. FLSA Cat	egory 11. SCD Leave 02/07/07	12. Max Leave Carry Over	13. Leave Year End 01/11/25							
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION	15. Fina	ancial Institution - Al	16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK									
17. Tax Marital Exemptions Add'l Status	18. Tax Marital Status	Exemptions Add'l	Taxing Authority	19. Cumulative Retirement	20. Military Deposit							
FED S 0 0 0 0		0 0		FERS: 6954.20								
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY	Current 3142.40 2808.73 333.67 1451.30	Year to Date 68820.80 61601.94 7218.86 33226.46 35594.34	22.									
TYPE HOURS/DAYS REGULAR PAY 80.00	AMOUNT TYPE 3142.40	CURRENT E	EARNINGS RS/DAYS AMOUNT	TYPE HOURS/	DAYS AMOUNT							
TYPE CO ALLOTMENT, SV FEGLI OPTNL MEDICARE RETIRE, FERS TAX, FEDERAL DENTAL	DDE CURRENT (2) 350.00 B 12.30 40.73 K 25.14 376.88 50.96	DEDUC YEAR TO DATE 8850.00 269.40 893.23 550.58 8265.67 1068.76	TIONS TYPE FEGLI FEHB OASDI VCS DEDUCT TSP LOANS VISION	CODE CURREN W0 13.4 112 262.6 174. JC 125.0 019008G	294.40 50 5727.82 14 3819.32 00 2750.00 315.00							
		LEA	VE									
II Y P E	106.75 4.	PD YTD 00 160.00 00 80.00	3.00 144.50 56.50 9.00 53.00	DONATED/ CURRENT RETURNED BALANCE 147.50 130.25	TERM DATE							
TYPE			VERNMENT FOR	R YOU CURRENT	YEAR TO DATE							
FEGLI MEDICARE RETIRE, FERS	6.72 40.73 578.20	147.20 893.23	FEHB OASDI TSP BASIC	646.18 174.14 31.42	14146.44 3819.32 688.12							

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

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		ep 5. Hourly/Daily Rate			Market Adj = Adjusted Basic Pay 657.00 81974.00							
8. Soc Sec No ***-**-3772	9. Locality % 19.99	10. FLSA Category	11. SCD Leave 02/07/07	12. Max Leave Carry C	Over 13. Leave Year End 01/11/25							
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION	15. Financ	cial Institution - Allotment	16. Financial Institution - Allotment #2 USAA FEDERAL SAVINGS BANK									
17. Tax Marital Exemptions Add'l Status	Status	xemptions Add'l Taxin	g Authority	19. Cumulative Retiren	ment 20. Military Deposit							
FED S 0 0 0		0 0		FERS: 6979	.34							
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY	3142.40 7 2808.73 6 333.67 1451.29 3	ar to Date 22. 1963 . 20 4410 . 67 7552 . 53 4677 . 75 7285 . 45			•							
TYPE HOURS/DAYS REGULAR PAY 80.00	AMOUNT TYPE 3142.40	CURRENT EARN HOURS/DAY		ТҮРЕ Н	HOURS/DAYS AMOUNT							
TYPE COI ALLOTMENT, SV (FEGLI OPTNL MEDICARE RETIRE, FERS TAX, FEDERAL DENTAL	DE CURRENT YE 2) 350.00 B 12.30 40.72 K 25.14 376.88 50.96	DEDUCTION EAR TO DATE TYPE 9200.00 FEGLI 281.70 FEHB 933.95 OASDI 575.72 VCS D 8642.55 TSP L 1119.72 VISIO	EDUCT OANS	CODE C W0 112 JC 019008G	CURRENT YEAR TO DATE 13.44 307.84 262.60 5990.42 174.14 3993.46 125.00 2875.00 315.00 20.11 442.39							
		LEAVE										
I YPE BA	IOR YR ACCRUED LANCE PAY PD 132.00 8.00 106.75 4.00	YTD PAY 168.00		RETURNED BA	JRRENT USE-LOSE/ ALANCE TERM DATE 155.50 126.25							
TYPE FEGLI MEDICARE RETIRE, FERS		AID BY GOVER EAR TO DATE TYPE 153.92 FEHB 933.95 OASDI 13241.20 TSP B		CURRI 646.18 174.14 31.42	8 14792.62 4 3993.46							

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

1. Pay Period End 11/16/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pav Date

CIVILIAN LEAVE AND EARNINGS STATEMENT LES												2	2. Pay Date 11/22/24		
VISIT THE DFAS WEB SITE AT: WWW.DFAS.MIL 3. Name 4. Pay Plan/Grade/Step 5. Hourly/Daily Rate 6. Basic OT Rate 7. Basic Pay + Locality/Market Adj															
3. Name JACKSON CLIF	FORD JR		4. Pay Pla	in/Grade 11	/Step 05	5. Hour 40.4		ily Rate		sic OT Rate	7. Basic Pay 70387.0			= Adjusted Basic Pay 84457.00	
8. Soc Sec No			9. Locality	y % 10. FLSA Category 11. SCD Leave 12. I				12. Max Le	ave Carry Ove	er 1	3. Leave Year End				
***-**-3772			19.99			E				2/07/07	240 01/11/25				
14. Financial Institu	•			-				llotment				al Institution -	Allotme	ent #2	
NAVY FEDERAL			T					NK TEXA			GECU				
17. Tax Marital Status	Exemptions	Add'l	18. Tax	Marital Status	Exen	nptions	Add'	I Taxin	g Auth	hority	19. Cumula	tive Retireme	nt 2	20. Military Deposit	
FED S		0			0		0				FERS:	7005.2	4		
	0	0													
21.			L Current		Vear t	o Date		22.							
GROSS PAY			3237.60			00.80		22.							
TAXABLE WAGES	S		2903.93			14.60									
NONTAXABLE W			333.67		78	86.20									
TAX DEFERRED DEDUCTIONS	WAGES		0.601 00		252	F0 00									
AEIC			2681.23		3/3	58.98									
NET PAY			556.37		378	41.82									
					\sim	IDDE	NT	EARN	INIC	20					
TYPE REGULAR PAY	HOURS/DAY	_	AMOUNT 3237.60	TYPE	CU			RS/DAY		AMOUNT	TYPE	НОІ	URS/D/	AYS AMOUNT	
						DED	DUC	TION	S						
TYPE		COL		RENT		R TO DA		TYPE					RRENT		
ALLOTMENT, SV FEGLI OPTNL		(3) 155 B 1	0.00 2.75		10750. 294.		FEGLI FEHB					13.92 262.60		
MEDICARE RETIRE, FERS			4	12.11 25.90		976. 601.		OASDI VCS D	בידומי	m.		1	80.05	4173.51	
TAX, FEDERAL			39	7.83		9040.	. 38	TSP L	SNAC		01	9008G		315.00	
DENTAL			5	0.96		1170.		VISIO:	N				20.11	462.50	
							LE/	VE							
TYPE		PRI	OR YR	ACCRU		ACCF	RUED			USED	DONATED/	CUR	RENT	USE-LOSE/	
			LANCE	PAY			YTD			YTD	RETURNED		ANCE	TERM DATE	
ANNUAL SICK			.32.00 .06.75		.00	17 8	6.00	45. 3	00	189.50 67.50			8.50		
HOLIDAY								9.	00	62.00			.,		
			BENE	FITS	PAI	D BY	GC	VER	NME	ENT FO	r you				
TYPE			CURRENT	Γ	YEAR	R TO DA	TE	TYPE				CURREN	١T	YEAR TO DATE	
FEGLI			6.96			160.	88	FEHB				646.18		15438.80	
MEDICARE RETIRE, FERS			42.11 595.72			976. 13836.	92	OASDI TSP BA	SIC			180.05 32.38		4173.51 751.92	

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

1. Pay Period End 11/30/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pay Date 12/06/24

Soc Sec No		O.	V V	ISIT THE	DFAS	WEI	B SITE AT	: WWV	V.DF	AS.MIL	,,			12/	06/24
8. Soc Sec No	3. Name			4. Pay Pla	an/Grade/	/Step	5. Hourly/Da	aily Rate	6. Ba	asic OT Rate	7. Basic F	Pay + Loca	ality/Market A	dj = Adji	usted Basic Pay
19.99 E	JACKSON CLIF	FORD JR				05	40.47		48	8.75	70387	.00	14070.00	844!	57.00
14. Financial Institution - Net Pay	8. Soc Sec No				<i>y</i> %		1	ategory			1		rry Over		
NAVY FEDERAL CREDIT UNION	***-**-3772			19.99						02/07/07					/11/25
Status Current Year to Date 22.		,	ON		_								ution - Allotn	nent #2	
Per		Exemptions	Add'l	18. Tax		Exer	nptions Add	d'I Taxir	ıg Au	thority	19. Cum	ulative Re	etirement	20. Mil	itary Deposit
GROSS PAY TAXABLE WAGES TAX DEFERRED WAGES TAX DEFERRED WAGES DEDUCTIONS ABOUNT ANABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY HOURS/DAYS AMOUNT TYPE HOURS/DAYS BO 00 TYPE CODE CURRENT SEGULAR PAY SO 00 CURRENT SEGULAR PAY SO 00 TYPE ALLOTMENT SEGULAR PAY SO 00 TYPE CODE CURRENT SEGULAR PAY SO 00 TYPE SO 00 TYP			-		Ciarac	0	C	1			FERS:	70	031.14		
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 80.00 1000 1000 1000 1000 1000 1000 100	21.			Current		Year t	to Date	22.							
NONTXABLE WAGES 333.67 8219.87 TAX DEFERRED WAGES DEDUCTIONS 4139.40 41498.38 AEIG															
TAX DEFERRED WAGES DEDUCTIONS A139.40 4139.40 41498.38 AEIC NET PAY 4016.20 41858.02 CURRENT EARNINGS TYPE HOURS/DAYS AMOUNT TYPE AMOUNT TYPE AMOUNT TYPE AMOUNT TYPE ALLOTMENT, SV (3) 1550.00 12300.00 12300.00 FEGLI WO 13.92 FEGLI OPTNL B 112.75 307.20 FEBRB ALANCE RETIRE, FEBS A 1475.09 DEDUCTIONS 12300.00 FEGLI WO 13.92 3355.68 FEGLI OPTNL B 112.75 307.20 FEBRB ACCRUED ACCRUED ACCRUED USED DONATED/ DENTAL TYPE PRIOR YR ACCRUED ACCRUED USED DONATED/ BALANCE PAY PD YTD PAY PD YTD RETURNED BALANCE ANNUAL SICK HOLDAY BENEFITS PAID BY GOVERNMENT FOR YOU TYPE CURRENT YEAR TO DATE BENEFITS PAID BY GOVERNMENT FOR YOU TYPE CURRENT YEAR TO DATE TYPE CURRENT YEAR TO DATE BENEFITS PAID BY GOVERNMENT FOR YOU TYPE CURRENT YEAR TO DATE TYPE CURRENT YEAR TO DATE TYPE CURRENT YEAR TO DATE TYPE ACCRUED ACCRUED SED USED DONATED/ BALANCE ANNUAL SICK 106.75 4.00 92.00 9.00 9.00 9.00 198.50 117.50 1311.25 BENEFITS PAID BY GOVERNMENT FOR YOU TYPE CURRENT YEAR TO DATE FEBBL FEBBL 646.18 16084.98 RETIRE, FERS 595.72 14432.64 TSP BASIC 32.38 784.30															
DEDUCTIONS				333.67		82	19.87								
Type	DEDUCTIONS			4139.40		414	98.38								
Type	NET PAY			4016.20		418	58.02								
Type						CL	JRRENT	EAR1	<u> </u>	GS					
TYPE CODE CURRENT YEAR TO DATE TYPE CODE CURRENT YEAR TO DATE ALLOTMENT, SV FEGLI OPTNL MEDICARE (3) 1550.00 12300.00 FEGLI W0 13.92 335.68 335.68 335.68 484.95 46515.62 6515.62 484.95 46515.62 46515.62 484.95 4658.46 46515.62 4651.42			AYS			VE A		JRS/DAY	'S		TYPE		HOURS/[DAYS	AMOUNT
ALLOTMENT, SV (3) 1550.00 12300.00 FEGLI W0 13.92 335.68 FEGLI OPTINL B 12.75 307.20 FEBH 112 262.60 6515.62 13.42 1089.48 OASDI 125.00 3125.00 3125.00 A 13.92 135.68 FEGLI OPTINL B 12.75 307.20 FEBH 112 262.60 6515.62 13.42 1089.48 OASDI 1200.00 13.92 125.00 3125.00 A 13.92 125.00 A 13.92									1S						
FEGLI OPTMIL B 12.75 307.20 FEHB 112 262.60 6515.62	I .					YEAF									
RETIRE, FERS	FEGLI OPTNL		(B :	12.75		307.20	FEHB					262.6	0	6515.62
TAX, FEDERAL 1479.79 10520.17 TSP LOANS 019008G 20.11 315.00 EAVE Comparison										ੀ ਜ਼ਾ		тс			
TYPE	TAX, FEDERAL			14	79.79		10520.17	TSP I	OANS		(315.00
TYPE BALANCE PAY PD YTD PAY PD YTD RETURNED BALANCE TERM DATE ANNUAL 132.00 8.00 184.00 9.00 198.50 117.50 106.75 4.00 92.00 9.00 71.00 131.25 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	DENTAL				50.96				N				20.1	.1	482.61
BALANCE PAY PD YTD PAY PD YTD RETURNED BALANCE TERM DATE ANNUAL 132.00 8.00 184.00 9.00 198.50 117.50 SICK 106.75 4.00 92.00 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															
ANNUAL 132.00 8.00 184.00 9.00 198.50 117.50 106.75 4.00 92.00 9.00 71.00 131.25 BENEFITS PAID BY GOVERNMENT FOR YOU	TYPE			_							-				
SICK HOLIDAY 106.75 4.00 92.00 9.00 67.50 131.25	A NINITI A T			_							KETUKNE	בט			TERMIDATE
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	SICK							0		67.50					
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	HOLIDAY			DE1:		D 4 1	D DV 04				/				
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									IVIVI	ENT FOR	K YUU				
MEDICARE 113.42 1089.48 OASDI 484.95 4658.46 RETIRE, FERS 595.72 14432.64 TSP BASIC 32.38 784.30						YEAF								YE	
REMARKS	MEDICARE			113.42	2		1089.48	OASDI	ASIC	!		484	4.95		4658.46
REMARKS															
							REM	ARKS							

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

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.

262.60

3459.82

NET PAY INCLUDES CURRENT AWARD NET OF \$

PRETAX FEHB EXCLUSION \$

1. Pay Period End 12/14/24

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pay Date 12/20/24

	/ISIT THE DFAS WE		_	LIVI LLO	12/20/24
3. Name JACKSON CLIFFORD JR				7. Basic Pay + Locality/Market 70387.00 14070.	
8. Soc Sec No ***-**-3772	9. Locality % 19.99	10. FLSA Category	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		al Institution - Allotment		16. Financial Institution - All GECU	otment #2
17. Tax Marital Exemptions Add'I Status FED S 0 0 0 0 0 0	18. Tax Marital Exe Status 0	emptions Add'l Taxin	g Authority	19. Cumulative Retirement FERS: 7057.04	20. Military Deposit
21. GROSS PAY TAXABLE WAGES NONTAXABLE WAGES TAX DEFERRED WAGES DEDUCTIONS AEIC NET PAY	3237.60 86 2903.93 78 333.67 8 2681.23 44	r to Date 5594.00 1040.46 1553.54 1179.61			
TYPE HOURS/DAYS	AMOUNT TYPE 3237.60	URRENT EARN HOURS/DAY		TYPE HOUR	S/DAYS AMOUNT
TYPE CO ALLOTMENT,SV (FEGLI OPTNL MEDICARE RETIRE, FERS TAX, FEDERAL DENTAL	DDE CURRENT YEA (3) 1550.00 B 12.75 42.11 K 25.90 397.83 50.96	DEDUCTION AR TO DATE TYPE 13850.00 FEGLI 319.95 FEHB 1131.59 OASDI 653.42 VCS D 10918.00 TSP I 1272.60 VISIO	EDUCT OANS	112 262 180 JC 125 019008G	ENT YEAR TO DATE 3.92 349.60 3.60 6778.22 3.05 4838.51 3.00 3250.00 315.00 3.11 502.72
		LEAVE			
IYPE BA	ALANCE PAY PD 132.00 8.00 106.75 4.00	ACCRUED US YTD PAY 192.00 96.00		DONATED/ CURRE RETURNED BALAN 125. 135.	CE TERM DATE 50
		ID BY GOVER	VMENT FOR		
TYPE FEGLI MEDICARE RETIRE, FERS	CURRENT YEA 6.96 42.11 595.72	AR TO DATE TYPE 174.80 FEHB 1131.59 OASDI 15028.36 TSP B	ASIC	CURRENT 646.18 180.05 32.38	YEAR TO DATE 16731.16 4838.51 816.68
		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

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

DEPARTMENT OF DEFENSE CIVILIAN LEAVE AND EARNINGS STATEMENT LES

1. Pay Period End 12/28/24

2. Pay Date 01/03/25

	O.	\/	ISIT THE	DEAS	WE	B SITE AT	T· \\/\\/\/	/ DF	AS MII		-0		01/	03/25
3. Name										7 Basic Da	v + L oca	lity/Market A	di – Adi	usted Basic Pay
JACKSON CLIE	ST. USOFF		GS GS	11	05	40.47	ally Kale		3.75	70387.		14070.00		57.00
8. Soc Sec No	TORD OR		9. Locality			10. FLSA C	otogony		SCD Leave	12. Max Le				ave Year End
***-**-3772			19. Locality	/ 70		E	alegory	_	02/07/07	12. Max Le	ave Cai	ry Over		/11/25
	with Nat Day		19.99	145 E:-	:-1		A II = 4 =		72/07/07			ution - Allotn		
14. Financial Instit	•			_		Institution -				GECU	iai institu	ition - Alloth	nent #2	
			140 T								5		00.14	
17. Tax Marital Status	Exemptions	Add'l	18. Tax	Marital Status	Exer	nptions Add	d'i Laxir	ig Aut	nority	19. Cumula	ative Re	tirement	20. Mi	itary Deposit
FED S	0	0		• tatao	0	()			FERS:	70	082.94		
	0	0												
21.			Current		Voort	to Date	22.							
GROSS PAY			3237.60			37.60	22.							
TAXABLE WAGE	S		2903.93			03.93								
NONTAXABLE W	/AGES		333.67			33.67								
TAX DEFERRED	WAGES													
DEDUCTIONS			2681.22		26	81.22								
AEIC			FF6 20		_	E 6 20								
NET PAY			556.38			56.38								
					CL	JRRENT								
TYPE REGULAR PAY	HOURS/D/ 80.00	AYS	AMOUNT 3237.60	TYPE		HO	URS/DAY	'S	AMOUNT	TYPE		HOURS/E	DAYS	AMOUNT
REGULAR PAY	80.00		3237.00			DEDII	CTION	10						
TYPE		COI	DE CHE	RENT	VΕΔΕ	DEDU R TO DATE	TYPE	10			CODE	CURREN	т ∨г	EAR TO DATE
ALLOTMENT, SV				50.00	I L/N	1550.00	FEGLI				W0	13.9		13.92
FEGLI OPTNL			В :	12.75		12.75	FEHB				112	262.6	0	262.60
MEDICARE RETIRE, FERS				42.11 25.90		42.11 25.90	OASDI VCS I		!T		JC	180.0 125.0		180.04 125.00
TAX, FEDERAL			3.9	97.83		397.83	DENTA	L				50.9	6	50.96
VISION			•	20.11		20.11	^ \ / E							
							AVE							
TYPE			IOR YR	ACCRU		ACCRUE		SED	USED	DONATED		CURRENT		USE-LOSE/
			LANCE	PAY		YT				RETURNED)	BALANCE		TERM DATE
ANNUAL SICK			132.00 106.75		.00	200.0		.00	216.50 67.50			115.50 139.25		
HOLIDAY			100.75	-	.00	100.0		.00	89.00			137.23		
			BENE	FITS	PAI	D BY G	OVER	NMI	ENT FOR	RYOU				
TYPE			CURREN'	Т	YEAF	R TO DATE	TYPE				CU	RRENT	YE	AR TO DATE
FEGLI			6.96			6.96	FEHB					.18		646.18
MEDICARE			42.11			42.11 595.72	OASDI TSP B					.04		180.04 32.38
RETIRE, FERS			595.72	2		595.72	ISP B	ASIC			32	.38		32.38
						DE: -	4 DI ()							
							ARKS							
YOUR PAYROLL				500 - D	EPART	MENT OF V	ETERAN:	S AFF	TAIRS.					
PRETAX FEHB E	XCLUSION \$	262.6	00											

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

REMARKS

BENEFITS PAID BY GOVERNMENT FOR YOU

TYPE

FEHB

OASDI

TSP BASIC

CURRENT

646.18

180.05

YEAR TO DATE

1292.36

360.09

64.76

YEAR TO DATE

13.92

84.21

1191.44

YOUR PAYROLL OFFICE ID NUMBER IS 97381600 - DEPARTMENT OF VETERANS AFFAIRS. PRETAX FEHB EXCLUSION \$ 262.60

CURRENT

6.96

42.10 595.72

TYPE

FEGLI

MEDICARE

RETIRE, FERS

1. Pay Period End 01/25/25

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pay Date

				/EB SITE /	_				.0	01	/31/25
3. Name JACKSON CLIFFORD JR	•			ep 5. Hourly	/Daily Rate	6. Bas		7. Basic Pay		et Adj = Ad 00 861	djusted Basic Pay
8. Soc Sec No ***-**-3772		9. Locality 20.35	%	10. FLSA	Category		CD Leave 2/07/07	12. Max Lea 240	ave Carry Over		eave Year End
14. Financial Institution - Net P NAVY FEDERAL CREDIT U	,	•		cial Institution				16. Financia	al Institution - All	otment #	2
17. Tax Marital Exemption Status		18. Tax	Status	xemptions A		ng Auth	ority		tive Retirement	20. M	lilitary Deposit
FED S 0	0 0			0	0			FERS:	7135.26		
21.		Current		ar to Date	22.					I	
GROSS PAY TAXABLE WAGES		3302.40 2925.77		9777.60 8733.63							
NONTAXABLE WAGES TAX DEFERRED WAGES		376.63		1043.97							
DEDUCTIONS AEIC NET PAY		2723.07		8076.78							
NETPAY		579.33		1700.82							
TYPE HOURS/REGULAR PAY 80.00		AMOUNT 3302.40		CURREN H	II EAR IOURS/DA		S AMOUNT	TYPE	HOUR	S/DAYS	AMOUNT
TYPE ALLOTMENT,SV FEGLI OPTNL MEDICARE RETIRE, FERS TAX, FEDERAL VISION	COI	3) 155 B 1 4 K 2	RENT YE 0.00 3.05 2.43 6.42 3.90 0.19	DEDI EAR TO DAT 4650.0 38.5 126.6 78.2 1180.8 60.4	0 FEGL 5 FEHB 4 OASD 2 VCS 3 DENT	I I DEDUCT	ŗ	•	112 303 181 JC 125	ENT Y 1.24 3.61 40 5.00 2.83	YEAR TO DATE 42.08 828.81 541.49 375.00 154.75
				L	EAVE						
TYPE		IOR YR LANCE	ACCRUED PAY PD		_	SED ' PD	USED YTD	DONATED/ RETURNED	CURRE BALAN		USE-LOSE/ TERM DATE
ANNUAL SICK HOLIDAY		L23.50 L36.75	8.00 4.00		.00 .00	.00	9.00		131. 140.		91.50
		BENE	FITS P	AID BY (GOVER	NME	NT FOR	R YOU			
TYPE		CURRENT		AR TO DAT					CURRENT	Υ	EAR TO DATE
FEGLI MEDICARE RETIRE, FERS		7.12 42.43 607.64		21.0 126.6 1799.0	4 OASD				714.23 181.40 33.02		2006.59 541.49 97.78
YOUR PAYROLL OFFICE ID	NUMBER T	S 973816	00 - DEP		MARKS		AIRS.	_			

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.

1. Pay Period End 02/08/25

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

VISIT THE DEAS WEB SITE AT: WWW DEAS MIL

2. Pay Date 02/14/25

3. Name JACKSON CLIFFORD JR 4. Pay Plan/Grade/Step GS 11 05 41.28 49.73 7. Basic Pay + Locality/Market Adj = Adjuste 49.73 7. Basic Pay + Locality/Market Adj = Adjuste 49.73 7. Basic Pay + Locality/Market Adj = Adjuste 49.73 7. Basic Pay + Locality/Market Adj = Adjuste 49.73 7. Basic Pay + Locality/Market Adj = Adjuste 49.73 7. Basic Pay + Locality/Market Adj = Adjuste 49.73 7. Basic Pay + Locality/Market Adj = Adjuste 49.73 1. SCD Leave 02/07/07 240 12. Max Leave Carry Over 01/10 14. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS 15. Financial Institution - Allotment #2 GECU 17. Tax Marital Exemptions Add'l Taxing Authority Status 19. Cumulative Retirement Status	00 Year End
8. Soc Sec No ***-**-3772 9. Locality % 20.35 10. FLSA Category 11. SCD Leave 02/07/07 12. Max Leave Carry Over 240 13. Leave 01/10 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 Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Militar	Year End
***-**-3772 20.35 E 02/07/07 240 01/10 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 Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Militar	
14. Financial Institution - Net Pay NAVY FEDERAL CREDIT UNION 15. Financial Institution - Allotment #1 FIRST NATIONAL BANK TEXAS GECU 17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Militar	/26
NAVY FEDERAL CREDIT UNION FIRST NATIONAL BANK TEXAS GECU 17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Militar	
17. Tax Marital Exemptions Add'l 18. Tax Marital Exemptions Add'l Taxing Authority 19. Cumulative Retirement 20. Militar	
I Status I Status I	y Deposit
FED S 0 0 0 FERS: 7161.68	
0 0 0 FERS. 7101.00	
21. Current Year to Date 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	
IAEIC	
NET PAY 579.35 2280.17	
OUDDENT EADNINGO	
CURRENT EARNINGS	ANACHINIT
TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS AMOUNT TYPE HOURS/DAYS REGULAR PAY 80.00 3302.40	AMOUNT
DEDUCTIONS	
	TO DATE
ALLOTMENT, SV (3) 1550.00 6200.00 FEGLI W0 14.24	56.32
FEGLI OPTNL B 13.05	1132.42 722.88
RETIRE, FERS K 26.42 104.64 VCS DEDUCT JC 125.00	500.00
TAX, FEDERAL 393.90 1574.73 DENTAL 52.83 VISION 20.19 80.60	207.58
LEAVE	
	JSE-LOSE/
BALANCE PAYPD YID PAYPD YID RETURNED BALANCE I	ERM DATE
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7.00	
	TO DATE
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1. Pay Period End 02/22/25

2. Pay Date 02/28/25

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

VISIT THE DEAS WEB SITE AT: WWW DEAS MIL

		VISIT THE	DFAS WE	B SITE AT	: WWW	.DFAS.MIL				02/2	10, 25
3. Name		4. Pay Plai	n/Grade/Step	5. Hourly/Da	ily Rate	6. Basic OT Rate	7. Basic Pay	y + Local	lity/Market Ad	j = Adju	sted Basic Pay
JACKSON CLIFF	ORD JR	GS	11 05	41.28		49.73	71583.0		14567.00	8615	0.00
8. Soc Sec No		9. Locality	%	10. FLSA Ca	ategory	11. SCD Leave	12. Max Le	ave Car	ry Over	-	ve Year End
***-**-3772		20.35		E		02/07/07	240			01/	10/26
14. Financial Institut			15. Financial					al Institu	ution - Allotm	ent #2	
NAVY FEDERAL	CREDIT UNION		FIRST NA	ATIONAL BA	NK TEXA	S	GECU				
	Exemptions Add'	18. Tax	Marital Exen	nptions Add	'I Taxing	g Authority	19. Cumula	ative Ret	tirement	20. Mili	tary Deposit
Status FED S	0 0		Status 0	0			FERS:	71	.88.10		
	0 0										
21.		Current		to Date	22.						
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TAX DEFERRED W		3/0.03	1/	91.23							
DEDUCTIONS		2723.06	135	22.89							
AEIC											
NET PAY		579.34	28	59.51							
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RETIRE, FERS		607.64		3014.36	TSP BA	SIC		33	.02		163.82
				REMA	ARKS						
YOUR PAYROLL OF			00 - DEPART	MENT OF V	ETERANS	AFFAIRS.					
PRETAX FEHB EXC	CLUSION \$ 303	.61									ļ

1. Pay Period End 03/08/25

2. Pay Date

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

VISIT THE DEAS WEB SITE AT: WWW.DEAS.MIL

03/14/25

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3. Name JACKSON CLIFFO	מד מפר	4. Pay Pl	an/Grade/St	'	aily Rate 6	6. Basic OT Rate	7. Basic Pay		lity/Market Ac	lj = Adju 8615	
	JRD UK				-1						
8. Soc Sec No ***-**-3772		9. Localit 20.35	y %	10. FLSA Ca	ategory	11. SCD Leave 02/07/07	12. Max Le	ave Car	ry Over		ve Year End 10/26
14. Financial Instituti	on - Net Pay	1 20.00	15 Financ	I cial Institution - A	Allotment #			al Institu	ution - Allotm		10,20
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		Add'l 18. Tax		xemptions Add			19. Cumula	tive Re	tirement	20. Milit	tary Deposit
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		BALANCE	PAY PD				RETURNED		BALANCE		TERM DATE
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		BEN	EFITS P	AID BY GO	OVERN	IMENT FO	R YOU				
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YOUR PAYROLL OF PRETAX FEHB EXC		BER 15 9/3810 303.61	DOU - DEPA	AKIMENI OF V.	LIEKANS	AFFAIKS.					
TSP/ROTH DEDUCT											

1. Pay Period End 03/22/25

CIVILIAN LEAVE AND EARNINGS STATEMENT LES

2. Pay Date 03/28/25

		V	ISIT THE	DFAS	WEI	B SITE AT	: WWW	/.DF/	AS.MIL				03/	20/25
3. Name			4. Pay Pla	n/Grade/	Step		ily Rate			7. Basic Pay	/ + Local	lity/Market A	dj = Adju	usted Basic Pay
JACKSON CLIFF	ORD JR		GS	11	05	41.28			.73	71583.0	0 0	14567.00	8615	50.00
8. Soc Sec No ***-**-3772			9. Locality 20.35	· %		10. FLSA Ca	ategory		CD Leave 2/07/07	12. Max Le 240	ave Car	ry Over		ave Year End /10/26
14. Financial Institut	tion - Net Pay			15. Fina	ancial	Institution - A	Allotment	#1		16. Financi	al Institu	ıtion - Allotr	nent #2	
USAA FEDERAL	SAVINGS BAN	K		GECU	J					USAA I	FEDERA	L SAVINGS	BANK	
	Exemptions	Add'l	18. Tax	Marital	Exer	nptions Add	l'I Taxin	g Auth	nority	19. Cumula	tive Ret	irement	20. Mil	itary Deposit
Status FED S	0 0	1		Status	0	0				FERS:	7.0	40.94		
LED 2	0 (U	U				FERS.	12	40.94		
		,												
21.			Current	,	Year t	to Date	22.							
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AEIC			1000.33		117	23.30								
NET PAY			1702.07		50	63.64								
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ANNUAL SICK			.23.50 .36.75		00	40.00		.00	36.00 16.50			127.50 140.25		55.50
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						REM	ARKS							
						I X L IVI								

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED

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.

303.61

PRETAX FEHB EXCLUSION \$

a. Employee's Social Security Number ****3772	OMB No. 1545-0008			
b. Employer's Identification Number (EIN) d. Cont	rol number	1 Wages, Tips, and other compe	ensation 2 Federal Inc	ome Tax withheld
31-1575142		59101.33	7956.25	
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Seci	urity Tax withheld
DEFENSE FINANCE & ACTG SERV		59101.33	2526.74	
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare T	ax withheld
1240 E 9TH ST RM 1907 (ZPV)		59101.33	856.97	
CLEVELAND OH 44199		7 Social Security tips	8 Allocated T	ïps
e/f. Employee's Name, Address, and ZIP Code		9	10 Depender	nt Care Benefits
CLIFFORD JACKSON JR				
1449 MEADOW PKWY		12 See instructions for box 12	14 See instru	ictions for box 14
SAN MARCOS TX 78666-3081		DD 17895.97	l l	1213.83
			V	4673.65
		10		
		13 Statutory Employee	Retirement Plan	☐ Third-party sick pay
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Inco	me Tax 18 Local wages, tips, etc	19 Local Income Tax	20 Locality name
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Inco	me 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 return, a negligence pe	This information is being furnished to the Internal Reve enalty or other sanction may be imposed on you if this	enue Service. If you are required to file a tax income is taxable and you fail to report it.
b. Employer's Identification Number (EIN) d. Co	ntrol Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
31-1575142		59101.33	7956.25
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		59101.33	2526.74
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV)		59101.33	856.97
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR		9	10 Dependent Care Benefits
1449 MEADOW PKWY		12 See instructions for box 12	14 See instructions for box 14
SAN MARCOS TX 78666-3081		DD 17895.97	K 1213.83 V 4673.65
		13 Statutory Stapping Employee	Retirement Third-party Sick pay
15 State Employer's State ID Number 16 State N	Wages, Tips, etc 17 State	e Income Tax 18 Local wages, tips, etc 19 Loca	I Income Tax 20 Locality name
15 State Employer's State ID Number 16 State \	Wages, Tips, etc 17 State	e Income Tax 18 Local wages, tips, etc 19 Loca	I Income Tax 20 Locality name

Department of the Treasury - Internal Revenue Service

Wage and Tax Statement

2020

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number	OMB No. 1545-0008		
****3772			
b. Employer's Identification Number (EIN) d. Contr	ol number	1 Wages, Tips, and other compens	sation 2 Federal Income Tax withheld
31-1575142		59101.33	7956.25
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		59101.33	2526.74
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND		59101.33	856.97
CLEVELAND OR 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			
1449 MEADOW PKWY		12 See instructions for box 12	14 See instructions for box 14
SAN MARCOS TX 78666-3081		DD 17895.97	К 1213.83
			V 4673.65
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		Employee	Retirement Third-party sick pay
15 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State Incor	me Tax 18 Local wages, tips, etc 19	Local Income Tax 20 Locality name
15 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State Incor	me 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) d. Contr	ol Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
31-1575142		59101.33	7956.25
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		59101.33	2526.74
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		59101.33	856.97
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
1449 MEADOW PKWY		12 See instructions for box 12	14 See instructions for box 14
SAN MARCOS TX 78666-3081		DD 17895.97	K 1213.83 V 4673.65
		13 Statutory Employee	Retirement Third-party Plan Sick pay
5 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State	Income Tax 18 Local wages, tips, etc 19 Loc	al Income Tax 20 Locality name
5 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State	Income Tax 18 Local wages, tips, etc 19 Loc	al 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. 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.

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.
- $\bf N$ 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).
- ${\bf Q}$ 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)
- ${\bf S}$ 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) d. Cont	rol number	1 Wages, Tips, and other compensa-	tion 2 Federal Income Tax withheld
31-1575142		61859.41	8488.59
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		61859.41	3835.28
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV)		61859.41	896.96
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 19825.69	к 1746.02
			V 5222.97
		Statutory Employee	Retirement
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Incor	ne Tax 18 Local wages, tips, etc 19 L	ocal Income Tax 20 Locality name
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Incor	ne Tax 18 Local wages, tips, etc 19 L	ocal 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 return, a negligence p	OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to rep			
b. Employer's Identification Number (EIN) d.	Control Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld		
31-1575142		61859.41	8488.59		
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld		
DEFENSE FINANCE & ACTG SERV		61859.41	3835.28		
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld		
1240 E 9TH ST RM 1907 (ZPV)		61859.41	896.96		
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips		
e/f. Employee's Name, Address, and ZIP Coc CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976	le	9 12 See instructions for box 12 DD 19825.69	10 Dependent Care Benefits 14 See instructions for box 14 K 1746.02 V 5222.97		
		13 Statutory Standard Find Find Find Find Find Find Find Fin	Retirement Third-party Sick pay		
15 State Employer's State ID Number 16 Sta	te Wages, Tips, etc 17 Stat	te Income Tax 18 Local wages, tips, etc 19 Loca	Il Income Tax 20 Locality name		
15 State Employer's State ID Number 16 Sta	te Wages, Tips, etc 17 Stat	te Income Tax 18 Local wages, tips, etc 19 Loca	Il Income Tax 20 Locality name		

Department of the Treasury - Internal Revenue Service

Wage and Tax Statement

2021

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number	OMB No. 1545-0008				
*****3772	10.10.000				
b. Employer's Identification Number (EIN) d. Cont	rol number	1 Wages, Tips, and other compen	sation 2 Federal Income Tax w	ithheld	
31-1575142		61859.41	8488.59		
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax wit	thheld	
DEFENSE FINANCE & ACTG SERV		61859.41	3835.28		
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld		
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND		61859.41	896.96	896.96	
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips		
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Ben	efits	
CLIFFORD JACKSON JR					
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for b	ox 14	
LEANDER TX 78641-7976		DD 19825.69	K 1746.02		
			V 5222.97		
		40			
		13 Statutory Employee	Retirement Plan	Third-party sick pay	
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Inco	me Tax 18 Local wages, tips, etc 19	Local Income Tax 20 Locality	name	
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Inco	me 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. 1545-000	8		
b. Employer's Identification Number (EIN) d. Conti	ol Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld	
31-1575142	-1575142		8488.59	
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld	
DEFENSE FINANCE & ACTG SERV		61859.41	3835.28	
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld	
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		61859.41	896.96	
CLEVELAND ON 44199		7 Social Security tips	8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR		9	10 Dependent Care Benefits	
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14	
LEANDER TX 78641-7976		DD 19825.69	K 1746.02 V 5222.97	
		13 Statutory 🖂	Retirement Third-party Plan Sick pay	
15 State Employer's State ID Number 16 State Wa	iges, Tips, etc 17 State	Income Tax 18 Local wages, tips, etc 19 Loc	al Income Tax 20 Locality name	
15 State Employer's State ID Number 16 State Wa	iges, Tips, etc 17 State	Income Tax 18 Local wages, tips, etc 19 Loc	al 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. 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.

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.
- $\bf N$ 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).
- ${\bf Q}$ Nontaxable combat pay. See the instructions for Forms 1040 and Form 1040-SR for details on reporting this amount.
- ${\bf R}$ 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)
- ${\bf S}$ 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	OMB No. 1545-0008		
****3772			
b. Employer's Identification Number (EIN) d. Cont	rol number	1 Wages, Tips, and other compensa	tion 2 Federal Income Tax withheld
31-1575142		65262.78	9034.68
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		65262.78	4046.29
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND		65262.78	946.31
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 20424.02	К 1755.94
			V 5508.52
		40	
		Statutory Employee	Retirement Third-party Sick pay
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Incor	ne Tax 18 Local wages, tips, etc 19 L	ocal Income Tax 20 Locality name
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Incor	ne Tax 18 Local wages, tips, etc 19 L	ocal 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. 15 return, a neg	545-0008 This info	ormation r other s	is being furnished to the Interaction may be imposed on	ernal Reve you if this i	nue Service. If y	you are required to file a tax le and you fail to report it.
b. Employer's Identification Number (EIN) d. Control	Number		1 Wag	es, Tips, other compensa	ation	2 Federal Inc	ome Tax withheld
31-1575142		65262.78			9034.68		
c. Employer's Name, Address, and ZIP Code			3 Soci	al Security Wages		4 Social Secu	urity Tax withheld
DEFENSE FINANCE & ACTG SERV		65262.78			4046.29		
			5 Medicare Wages and Tips			6 Medicare Tax withheld	
1240 E 9TH ST RM 1907 (ZPV)			65262.78			946.31	
CLEVELAND OH 44199		**=*=***		8 Allocated Tips			
e/f. Employee's Name, Address, and ZIP Code			9			10 Depender	nt Care Benefits
CLIFFORD JACKSON JR							
1112 CHARDONNAY XING			12 See	e instructions for box 12		14 See instru	ctions for box 14
LEANDER TX 78641-7976			DD	20424.02		K	1755.94
				V 5508.52			
			13	Statutory Employee	⊠ Re	etirement an	☐ Third-party sick pay
15 State Employer's State ID Number 16 State Wage	es, Tips, etc	17 State Incom	ne Tax	18 Local wages, tips, etc	19 Local	Income Tax	20 Locality name
15 State Employer's State ID Number 16 State Wage	es, Tips, etc	17 State Incom	ne Tax	18 Local wages, tips, etc	19 Local	Income Tax	20 Locality name

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2022

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number	OMB No. 1545-0008		
****3772			
b. Employer's Identification Number (EIN) d. Cont	rol number	1 Wages, Tips, and other compensa	tion 2 Federal Income Tax withheld
31-1575142		65262.78	9034.68
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		65262.78	4046.29
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND		65262.78	946.31
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 20424.02	к 1755.94
			V 5508.52
		40	
		Statutory Employee	Retirement Third-party Sick pay
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Incor	ne Tax 18 Local wages, tips, etc 19 L	ocal Income Tax 20 Locality name
15 State Employer's State ID Number 16 State Wa	ages, Tips, etc 17 State Incor	ne Tax 18 Local wages, tips, etc 19 L	ocal Income Tax 20 Locality name

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) d. Conf	rol Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
31-1575142		65262.78	9034.68
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		65262.78	4046.29
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		65262.78	946.31
CLEVELAND ON 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR		9	10 Dependent Care Benefits
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 20424.02	К 1755.94
			V 5508.52
		40	
		13 Statutory Employee	Retirement
15 State Employer's State ID Number 16 State W	ages, Tips, etc 17 State Inco	ome Tax 18 Local wages, tips, etc 19 Loc	al Income Tax 20 Locality name
15 State Employer's State ID Number 16 State W	ages, Tips, etc 17 State Inco	ome Tax 18 Local wages, tips, etc 19 Loc	al 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. 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.

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.
- ${\bf R}$ 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)
- ${\bf S}$ 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) d. Cor	trol number	1 Wages, Tips, and other compensa	ation 2 Federal Income Tax withheld
31-1575142		72117.41	10037.77
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		72117.41	4471.28
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV)		72117.41	1045.70
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 22019.67	K 1808.55
			V 6160.04
		10	
		13 Statutory Employee	Retirement Third-party Sick pay
15 State Employer's State ID Number 16 State V	/ages, Tips, etc 17 State I	ncome Tax 18 Local wages, tips, etc 19 l	Local Income Tax 20 Locality name
15 State Employer's State ID Number 16 State V	/ages, Tips, etc 17 State I	ncome Tax 18 Local wages, tips, etc 19 I	Local Income Tax 20 Locality name

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	OMB No. 1545-000 return, a negligence	18 This information is being furnished to the Internal penalty or other sanction may be imposed on you i	I Revenue Service. If you are required to file a tax if this income is taxable and you fail to report it.
b. Employer's Identification Number (EIN) d. C	ontrol Number	1 Wages, Tips, other compensation	n 2 Federal Income Tax withheld
31-1575142		72117.41	10037.77
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		72117.41	4471.28
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV)		72117.41	1045.70
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR		9	10 Dependent Care Benefits
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 22019.67	к 1808.55
			V 6160.04
		13 Statutory Employee	Retirement Third-party Sick pay
15 State Employer's State ID Number 16 State	Wages, Tips, etc 17 Sta	ate 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 Sta	ate Income Tax 18 Local wages, tips, etc 19	Local Income Tax 20 Locality name

Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement

2023

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

E. Empleysele Coniel Consumbs Number	OMD No. 4545 0000			
a. Employee's Social Security Number ****3772	OMB No. 1545-0008			
b. Employer's Identification Number (EIN) d. Contr	ol number	1 Wages, Tips, and other compens	sation 2 Federal Incor	me Tax withheld
31-1575142		72117.41	10037.77	
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Securi	ity Tax withheld
DEFENSE FINANCE & ACTG SERV		72117.41	4471.28	
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax	x withheld
1240 E 9TH ST RM 1907 (ZPV)		72117.41	1045.70	
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tip)S
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent	Care Benefits
CLIFFORD JACKSON JR				
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instruct	tions for box 14
LEANDER TX 78641-7976		DD 22019.67	K 18	808.55
			V 61	160.04
		Statutory Employee	Retirement Plan	☐ Third-party sick pay
15 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State Incor	me Tax 18 Local wages, tips, etc 19	Local Income Tax 2	20 Locality name
15 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State Incor	me Tax 18 Local wages, tips, etc 19	Local Income Tax 2	20 Locality name

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. 1545-00	008	
b. Employer's Identification Number (EIN) d. Cor	trol Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
31-1575142		72117.41	10037.77
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		72117.41	4471.28
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		72117.41	1045.70
CLEVELAND ON 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR		9	10 Dependent Care Benefits
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 22019.67	к 1808.55
			V 6160.04
		13 Statutory Employee	Retirement
15 State Employer's State ID Number 16 State W	/ages, Tips, etc 17 Sta	te Income Tax 18 Local wages, tips, etc 19 Loc	cal Income Tax 20 Locality name
5 State Employer's State ID Number 16 State V	/ages, Tips, etc 17 Sta	te Income Tax 18 Local wages, tips, etc 19 Loc	cal 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. 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.

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) d. Con	trol number	1 Wages, Tips, and other comper	nsation 2 Federal Income Tax withheld
31-1575142		78040.46	10918.00
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		78040.46	4838.51
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV)		78040.46	1131.59
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 23509.38	К 1775.32
			V 6778.22
		13 Statutory Employee	Retirement
15 State Employer's State ID Number 16 State W	ages, Tips, etc 17 State Inc	ome Tax 18 Local wages, tips, etc 1	9 Local Income Tax 20 Locality name
15 State Employer's State ID Number 16 State W	ages, Tips, etc 17 State Inc	ome Tax 18 Local wages, tips, etc 1	9 Local Income Tax 20 Locality name

2024

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 return, a negligence penal	information is being furnished to the Internal Rety or other sanction may be imposed on you if the	evenue Service. If you are required to file a tax is income is taxable and you fail to report it.
b. Employer's Identification Number (EIN) d. Contr	ol Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
31-1575142		78040.46	10918.00
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		78040.46	4838.51
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV)		78040.46	1131.59
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
		, '	·
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			To Departuo in Gare Dericino
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 23509.38	к 1775.32
		23309.30	V 6778.22
		13 Statistans	Define a set
		Statutory Employee	Retirement Third-party Plan Sick pay
15 State Employer's State ID Number 16 State Wa	ges. Tips. etc 17 State Inc		. ,
	g-1, 1.p-1, 113 11 Olato III.		
15 State Employer's State ID Number 16 State Wa	ges. Tips. etc 17 State Inc	come Tax 18 Local wages, tips, etc 19 Loc	cal Income Tax 20 Locality name
	g-1, 1.p-1, 113 11 Olato III.		
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Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement 2024

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

C. Employada Casial Casurity Number	OMB No. 1545-0008		
a. Employee's Social Security Number ****3772	ONID NO. 1343-0006		
b. Employer's Identification Number (EIN) d. Contr	ol number	1 Wages, Tips, and other compens	ation 2 Federal Income Tax withheld
31-1575142		78040.46	10918.00
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		78040.46	4838.51
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV)		78040.46	1131.59
CLEVELAND OH 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
CLIFFORD JACKSON JR			
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 23509.38	к 1775.32
			V 6778.22
		13 Statutory Employee	Retirement Third-party Sick pay
15 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State Incor	me Tax 18 Local wages, tips, etc 19	Local Income Tax 20 Locality name
15 State Employer's State ID Number 16 State Wa	ges, Tips, etc 17 State Incor	me Tax 18 Local wages, tips, etc 19	Local Income Tax 20 Locality name

2024

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. 1545-000	98	
b. Employer's Identification Number (EIN) d. Conti	ol Number	1 Wages, Tips, other compensation	2 Federal Income Tax withheld
31-1575142		78040.46	10918.00
c. Employer's Name, Address, and ZIP Code		3 Social Security Wages	4 Social Security Tax withheld
DEFENSE FINANCE & ACTG SERV		78040.46	4838.51
AGENT FOR VETERANS AFFAIRS		5 Medicare Wages and Tips	6 Medicare Tax withheld
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		78040.46	1131.59
CLEVELAND ON 44199		7 Social Security tips	8 Allocated Tips
e/f. Employee's Name, Address, and ZIP Code		9	10 Dependent Care Benefits
1112 CHARDONNAY XING		12 See instructions for box 12	14 See instructions for box 14
LEANDER TX 78641-7976		DD 23509.38	К 1775.32
			V 6778.22
		13 Statutory Employee	Retirement Third-party Plan Sick pay
15 State Employer's State ID Number 16 State Wa	iges, Tips, etc 17 State	Income Tax 18 Local wages, tips, etc 19 Loc	al Income Tax 20 Locality name
15 State Employer's State ID Number 16 State Wa	iges, Tips, etc 17 State	Income Tax 18 Local wages, tips, etc 19 Loc	al Income Tax 20 Locality name

Form W-2 Wage and Tax Statement 2024

Department of the Treasury - Internal Revenue Service

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

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.

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. 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.

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.
- ${\bf J}$ 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.

44444 For Of OMB N	For Official Use Only OMB No. 1545-0008				
a. Employer's name, address, and ZIP DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS		c Tax year/Form corrected 2020/W-2 01	d Employee's correct SSN ****3772		
1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199		Corrected SSN and/or name (Chec g if incorrect on form previously file	k this box and complete boxes f and/or d.)		
CHEVERAND OIL 44199		Complete boxes f and/or g only if incorr	ect on form previously filed.		
		f Employee's previously reported SS	N		
b. Employer's Federal EIN 31-1575142		g Employee's previously reported in	ame		
		h Employee's first name and initial Las	et name Suff.		
		1449 MEADOW PKWY			
Note: Only complete money field (exception: for corrections involvin Instructions for Forms W-2 and W-Form W-2c, boxes 5 and 6).	g MQGE, see the General	SAN MARCOS TX 7866630 i Employee's address and ZIP code	81		
Previously reported	Correct Information	Previously reported	Correct Information		
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
O Carial accomitant	2 Oscial associtance	A October 1981	A Occidence with to a with health		
3 Social security wages	3 Social security wages	4 Social security tax withheld 2526.74	4 Social security tax withheld 3664.28		
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9	9	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	c12a See instructions for box 12		
13 Statutory employee plan Sick pay	13 Statutory Retirement Third-Party employee plan sick pay	12b	12b		
14 Other (see instructions)	14 Other (see instructions)	12c	12c		
		12d Co	712d C G g		
	State Correction	on Information			
Previously reported	Correct Information	Previously reported	Correct Information		
15 State	15 State	15 State	15 State		
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages, tips, etc	16 State wages, tips, etc	16 State wages, tips, etc	16 State wages, tips, etc		
17 State income tax	17 State income tax	17 State income tax	17 State income tax		
	Locality Correct	ion Information			
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name	20 Locality name	20 Locality name	20 Locality name		

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

44444 For Off OMB N may be in	icial Use Only 0. 1545-0008 This information is being furnished to apposed on you if this income is taxable and you fail to re	to the internal revenue service. If you are required to fil	le a tax return, a negligence penalty or other sanction
Employer's name, address, and ZIP code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS		c Tax year/Form corrected 2020/w-2 01	d Employee's correct SSN *****3772
1240 E 9TH ST RM 1907 (ZPV)		Corrected SSN and/or name (Check g if incorrect on form previously filed	k this box and complete boxes f and/or d.)
CLEVELAND OH 44199		Complete boxes f and/or g only if incorre	ect on form previously filed.
		f Employee's previously reported SS	N
b. Employer's Federal EIN 31-1575142		g Employee's previously reported n	ame
		h Employee's first name and initial Las CLIFFORD J JACKSON	t name Suff.
		1449 MEADOW PKWY	
Note: Only complete money fields (exception: for corrections involving Instructions for Forms W-2 and W-Form W-2c, boxes 5 and 6).	g MQGE, see the General	SAN MARCOS TX 78666303	81
Previously reported	Correct Information	Previously reported	Correct Information
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages	3 Social security wages	4 Social security tax withheld 2526.74	4 Social security tax withheld 3664.28
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9	9	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	22a See instructions for box 12	C12a See instructions for box 12
13 Statutory employee plan Third-Party sick pay	13 Statutory Retirement Third-Party employee plan sick pay	12b	12b C G g
14 Other (see instructions)	14 Other (see instructions)	12c Code	12c C C G G
		12d	712d C 0 de
	State Correction		
Previously reported	Correct Information	Previously reported	Correct Information
15 State	15 State	15 State	15 State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc	16 State wages, tips, etc	16 State wages, tips, etc	16 State wages, tips, etc
17 State income tax	17 State income tax	17 State income tax	17 State income tax
	Locality Correct	ion Information	
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name	20 Locality name

44444 Fo	r Official Use Only ∄B No. 1545-0008							
a. Employer's name, address, and DEFENSE FINANCE & ACTG S AGENT FOR VETERANS AFFAI	ERV	c Tax year/Form corrected 2020/W-2 01	d Employee's correct SSN ****3772					
1240 E 9TH ST RM 1907 (Z		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)						
CLEVELAND OH 44199		Complete boxes f and/or g only if inco	orrect on form previously filed.					
		f Employee's previously reported SSN						
b. Employer's Federal EIN 31-1575142		g Employee's previously reported	name					
		h Employee's first name and initial Last name Suff. CLIFFORD J JACKSON						
		1449 MEADOW PKWY						
Note: Only complete money (exception: for corrections involuntructions for Forms W-2 and Form W-2c, boxes 5 and 6).		SAN MARCOS TX 78666	3081					
Previously reported	Correct Information	i Employee's address and ZIP code Previously reported	Correct Information					
1 Wages, tips, other compensation		2 Federal income tax withheld	2 Federal income tax withheld					
3 Social security wages	3 Social security wages	4 Social security tax withheld 2526.74	4 Social security tax withheld 3664.28					
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld					
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips					
9	9	10 Dependent care benefits	10 Dependent care benefits					
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	c12a See instructions for box 12					
13 Statutory employee plan Sick par		12b C g	12b Co					
14 Other (see instructions)	14 Other (see instructions)	12c C g	12c CO de					
		12d	12d					
			10					
	State Correction							
Previously reported	Correct Information	Previously reported	Correct Information					
15 State	15 State	15 State	15 State					
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number					
16 State wages, tips, etc	16 State wages, tips, etc	16 State wages, tips, etc	16 State wages, tips, etc					
17 State income tax	17 State income tax	17 State income tax	17 State income tax					
	Locality Correct	ion Information	•					
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.					
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax					
20 Locality name	20 Locality name	20 Locality name	20 Locality name					

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

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.

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Employer-Provided Health Insurance Offer and Coverage

☐ CORRECTED

OMB No. 1545-2251

2022

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► Do not attach to your tax return. Keep for your records.

► Go to www.irs.gov/Form1095C for instructions and the latest information.

Applicable Large Employer Member (Employer) PART I Employee 1 Name of employee (First name, middle initial, last name) 2 Social security number (SSN) 7 Name of employer 8 Employer identification number (EIN) ****3772 CLIFFORD JACKSON, JR Dept of Veterans Affairs 741612229 3 Street address (including apartment no.) 10 Contact telephone number 9 Street address (including room or suite no.) 7600 Metropolis Drive 1112 CHARDONNAY XING 8883327411 13 Country and ZIP or foreign postal code 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province LEANDER 78641-7976 78744 Austin PART II Employee Offer of Coverage **Plan Start Month** (Enter 2-digit number): **Employee's Age on January 1** All 12 months Feb Jan Mar Apr Mav June July Aug Sept Oct Nov Dec 14 Offer of 1E Coverage (enter required code) 15 Employee Required \$ 105.60 \$ \$ \$ Contribution (see instructions) 16 Section 4980H Safe Harbor and 2C Other Relief (enter code, if applicable) 17 Zip Code

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C(2022)

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 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.
- **1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).
- **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).
- 11. Reserved for future use.
- **1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).
- **1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).
- **1L.** Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence location ZIP Code.
- **1M.** Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP Code.
- **1N.** Individual coverage HRA offered to you, spouse and dependent(s) with affordability determined by using employee's primary residence location ZIP Code.
- **10.** Individual coverage HRA offered to you only using the employee's primary employment site ZIP Code affordability safe harbor.
- **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.
- 15. 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.
- **1U.** Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.
- 1V. Reserved for future use.
- 1W. Reserved for future use.
- 1X. Reserved for future use.
- 1Y. Reserved for future use.
- 1Z. Reserved for future use.

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Form 1095-C(2022)

Instructions for Recipient (continued)

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

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.

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Department of the Trea	asury
Internal Revenue Serv	ico ´

Employer-Provided Health Insurance Offer and Coverage

☐ VOID

OMB No. 1545-2251

▶ Do not attach to your tax return. Keep for your records.
 ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

 \square CORRECTED

2023

PART I Employee					Applicable Large Employer Member (Employer)								
1 Name of employee (First name, middle initial, last name) 2 Social security number (SSN)						7 Name of employer 8 Employer identification number (EIN)							
CLIFFORD JACKSON, JR ****3772							Dept of Veterans Affairs 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						er
4 City or town LEANDER	5 State or province 6 Country and ZIP or foreign postal code TX 78641-7976					postal code 1	11 City or town 12 State or province Austin TX			13 Country and ZIP or foreign postal code 78744			
PARTII Emplo	oyee Offe	r of Covera	ge	Employe	e's Age or	January	<i>/</i> 1		Plan Sta	art Month	(Enter 2-d	(Enter 2-digit number): 01	
·	All 12 month	ns 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)	\$ 109.8	3 \$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 Zip Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C(2023)

Form 1095-C(2023)

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 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.
- **1B.** Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).
- **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).
- 11. Reserved for future use.
- **1J.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).
- **1K.** Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).
- **1L.** Individual coverage health reimbursement arrangement (HRA) offered to you only with affordability determined by using employee's primary residence location ZIP Code.
- **1M.** Individual coverage HRA offered to you and dependent(s) (not spouse) with affordability determined by using employee's primary residence location ZIP Code.
- **1N.** Individual coverage HRA offered to you, spouse and dependent(s) with affordability determined by using employee's primary residence location ZIP Code.
- **10.** Individual coverage HRA offered to you only using the employee's primary employment site ZIP Code affordability safe harbor.
- **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.
- **1U.** Individual coverage HRA offered to employee and spouse (no dependents) using employee's primary employment site ZIP code affordability safe harbor.
- 1V. Reserved for future use.
- 1W. Reserved for future use.
- 1X. Reserved for future use.
- 1Y. Reserved for future use.
- 1Z. Reserved for future use.

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Form 1095-C(2023)

Instructions for Recipient (continued)

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. For an individual coverage HRA, the employee required contribution is the excess of the monthly premium based on the employee's applicable age for the applicable cost silver plan over the monthly individual coverage HRA amount (generally, the annual individual coverage HRA amount divided by 12). See the instructions for Forms 1094-C and 1095-C for more details. The amount reported on line 15 may not be the amount you paid for coverage if, for example, you chose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, 1K, 1L, 1M, 1N, 1O, 1P, or 1Q, 1T, or 1U is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, visit IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, visit IRS.gov.

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.

Form	10	9	5-	C
Departi	ment	of the	e Trea	asury
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Employer-Provided Health Insurance Offer and Coverage

OMB No. 1545-2251

▶ Do not attach to your tax return. Keep for your records.
 ▶ Go to www.irs.gov/Form1095C for instructions and the latest information.

 $\ \ \square \ \ \mathsf{CORRECTED}$

2024

PART I Employee					Applicable Large Employer Member (Employer)								
1 Name of employee (First name, middle initial, last name) CLIFFORD JACKSON, JR 2 Social security number (SSN) ****3772						7 Name of employer 8 Employer identification num DEPT OF VETERANS AFFAIRS 741612229					ımber (EIN)		
,					9 Street address (including room or suite no.) 8000 METROPOLIS DRIVE METCENTER BUILDING B 8883327411					er			
4 City or town					11 City or town 12 State or province TX			13 Country and ZIP or foreign postal code 78744					
PART II Emplo	oyee Offer	of Covera	ge	Employe	e's Age on	Januar	y 1		Plan Sta	art Month	(Enter 2-d	igit 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)	\$ 113.12	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)	2C												
17 Zip Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

Form 1095-C(2024)

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Form 1095-C(2024)

Instructions for Recipient (continued)

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