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|---|----------------------------|---------------------------|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control number | | 1 Wages, Tips, and other compensation 59101.33 | 2 Federal Income Tax withheld 7956.25 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 59101.33 | 4 Social Security Tax withheld 2526.74 | |
| | | | | 5 Medicare Wages and Tips 59101.33 | 6 Medicare Tax withheld 856.97 | |
| | | | | 7 Social Security tips | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1449 MEADOW PKWY SAN MARCOS TX 78666-3081 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 17895.97 | 14 See instructions for box 14 K 1213.83 V 4673.65 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
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Form **W-2** Wage and Tax Statement **2020**

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

| | | | | | | |
|---|----------------------------|--|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 59101.33 | 2 Federal Income Tax withheld 7956.25 | |
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Form **W-2** Wage and Tax Statement **2020**

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

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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

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|---|----------------------------|---------------------------|---------------------|--|--|--|--|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 59101.33 | 2 Federal Income Tax withheld 7956.25 | | |
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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.

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

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

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

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

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

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

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

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

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

DD - Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

EE - Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

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

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

E - Military TSP Contribution (Tax Exempt)

F - TIAA/CREF and Fidelity Retirement Contributions

G - Pre-Tax Transportation Equity Act Benefits

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

K - Pretax Vision and Dental Deduction

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

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

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

STT - Oregon Transit Tax

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

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

V - Pretax FEHB Incentive

X - Occupational Tax/Local Services Tax (CIVILIAN)

Y - Pretax Flexible Spending Accounts (CIVILIAN) Employee Contributions

Z - Retirement Deductions for Massachusetts Residents Only

DX - Sick Leave Wages \$511/day limit

DY - Sick Leave Wages \$200/day limit

DZ - Emergency Family Leave Wages

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

| | | | | | | |
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| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
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| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 61859.41 | 4 Social Security Tax withheld 3835.28 | |
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| | | | | 7 Social Security tips | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 19825.69 | 14 See instructions for box 14 K 1746.02 V 5222.97 | |
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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

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

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

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

Department of the Treasury - Internal Revenue Service
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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

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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.

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

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

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

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

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

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

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

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

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

DD - Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

EE - Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

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

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

E - Military TSP Contribution (Tax Exempt)

F - TIAA/CREF and Fidelity Retirement Contributions

G - Pre-Tax Transportation Equity Act Benefits

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

K - Pretax Vision and Dental Deduction

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

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

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

STT - Oregon Transit Tax

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

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

V - Pretax FEHB Incentive

X - Occupational Tax/Local Services Tax (CIVILIAN)

Y - Pretax Flexible Spending Accounts (CIVILIAN) Employee Contributions

Z - Retirement Deductions for Massachusetts Residents Only

DX - Sick Leave Wages \$511/day limit

DY - Sick Leave Wages \$200/day limit

DZ - Emergency Family Leave Wages

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

| | | | | | | |
|---|----------------------------|---------------------------|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control number | | 1 Wages, Tips, and other compensation 65262.78 | 2 Federal Income Tax withheld 9034.68 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 65262.78 | 4 Social Security Tax withheld 4046.29 | |
| | | | | 5 Medicare Wages and Tips 65262.78 | 6 Medicare Tax withheld 946.31 | |
| | | | | 7 Social Security tips | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 20424.02 | 14 See instructions for box 14 K 1755.94 V 5508.52 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

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

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

| | | | | | | |
|---|----------------------------|--|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 65262.78 | 2 Federal Income Tax withheld 9034.68 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 65262.78 | 4 Social Security Tax withheld 4046.29 | |
| | | | | 5 Medicare Wages and Tips 65262.78 | 6 Medicare Tax withheld 946.31 | |
| | | | | 7 Social Security tips | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 20424.02 | 14 See instructions for box 14 K 1755.94 V 5508.52 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

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

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

| | | | | | | | |
|---|----------------------------|---------------------------|---------------------|--|--|--|--|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control number | | 1 Wages, Tips, and other compensation 65262.78 | 2 Federal Income Tax withheld 9034.68 | | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 65262.78 | | 4 Social Security Tax withheld 4046.29 | |
| | | | | 5 Medicare Wages and Tips 65262.78 | | 6 Medicare Tax withheld 946.31 | |
| | | | | 7 Social Security tips | | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 20424.02 | | 14 See instructions for box 14 K 1755.94 V 5508.52 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |

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

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

| | | | | | | | |
|---|----------------------------|---------------------------|---------------------|--|--|--|--|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 65262.78 | 2 Federal Income Tax withheld 9034.68 | | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 65262.78 | | 4 Social Security Tax withheld 4046.29 | |
| | | | | 5 Medicare Wages and Tips 65262.78 | | 6 Medicare Tax withheld 946.31 | |
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| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 20424.02 | | 14 See instructions for box 14 K 1755.94 V 5508.52 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |

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

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

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.

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

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

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

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

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

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

DD - Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

EE - Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

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

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

E - Military TSP Contribution (Tax Exempt)

F - TIAA/CREF and Fidelity Retirement Contributions

G - Pre-Tax Transportation Equity Act Benefits

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

K - Pretax Vision and Dental Deduction

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

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

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

STT - Oregon Transit Tax

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

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

V - Pretax FEHB Incentive

X - Occupational Tax/Local Services Tax (CIVILIAN)

Y - Pretax Flexible Spending Accounts (CIVILIAN) Employee Contributions

Z - Retirement Deductions for Massachusetts Residents Only

DX - Sick Leave Wages \$511/day limit

DY - Sick Leave Wages \$200/day limit

DZ - Emergency Family Leave Wages

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

| | | | | | | |
|---|----------------------------|---------------------------|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control number | | 1 Wages, Tips, and other compensation 72117.41 | 2 Federal Income Tax withheld 10037.77 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 72117.41 | 4 Social Security Tax withheld 4471.28 | |
| | | | | 5 Medicare Wages and Tips 72117.41 | 6 Medicare Tax withheld 1045.70 | |
| | | | | 7 Social Security tips | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 22019.67 | 14 See instructions for box 14 K 1808.55 V 6160.04 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

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

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

| | | | | | | |
|---|----------------------------|--|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 72117.41 | 2 Federal Income Tax withheld 10037.77 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 72117.41 | 4 Social Security Tax withheld 4471.28 | |
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| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 22019.67 | 14 See instructions for box 14 K 1808.55 V 6160.04 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

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

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

| | | | | | | |
|---|----------------------------|---------------------------|--|---|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control number | | 1 Wages, Tips, and other compensation 72117.41 | 2 Federal Income Tax withheld 10037.77 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | 3 Social Security Wages 72117.41 | | 4 Social Security Tax withheld 4471.28 | |
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| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | 9 | | 10 Dependent Care Benefits | |
| | | | 12 See instructions for box 12 DD 22019.67 | | 14 See instructions for box 14 K 1808.55 V 6160.04 | |
| | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

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

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

| | | | | | | |
|---|----------------------------|---------------------------|--|---|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 72117.41 | 2 Federal Income Tax withheld 10037.77 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | 3 Social Security Wages 72117.41 | | 4 Social Security Tax withheld 4471.28 | |
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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) 31-1575142 | | d. Control number | | 1 Wages, Tips, and other compensation 78040.46 | 2 Federal Income Tax withheld 10918.00 | | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 78040.46 | | 4 Social Security Tax withheld 4838.51 | |
| | | | | 5 Medicare Wages and Tips 78040.46 | | 6 Medicare Tax withheld 1131.59 | |
| | | | | 7 Social Security tips | | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 23509.38 | | 14 See instructions for box 14 K 1775.32 V 6778.22 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |

| | | | | | | | |
|---|----------------------------|--|---------------------|--|---|--|--|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 78040.46 | 2 Federal Income Tax withheld 10918.00 | | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 78040.46 | | 4 Social Security Tax withheld 4838.51 | |
| | | | | 5 Medicare Wages and Tips 78040.46 | | 6 Medicare Tax withheld 1131.59 | |
| | | | | 7 Social Security tips | | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 23509.38 | | 14 See instructions for box 14 K 1775.32 V 6778.22 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name | |

| | | | | | | |
|---|----------------------------|---------------------------|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control number | | 1 Wages, Tips, and other compensation 78040.46 | 2 Federal Income Tax withheld 10918.00 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 78040.46 | 4 Social Security Tax withheld 4838.51 | |
| | | | | 5 Medicare Wages and Tips 78040.46 | 6 Medicare Tax withheld 1131.59 | |
| | | | | 7 Social Security tips | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 23509.38 | 14 See instructions for box 14 K 1775.32 V 6778.22 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

| | | | | | | |
|---|----------------------------|---------------------------|---------------------|--|--|------------------|
| a. Employee's Social Security Number *****3772 | | OMB No. 1545-0008 | | | | |
| b. Employer's Identification Number (EIN) 31-1575142 | | d. Control Number | | 1 Wages, Tips, other compensation 78040.46 | 2 Federal Income Tax withheld 10918.00 | |
| c. Employer's Name, Address, and ZIP Code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | | | 3 Social Security Wages 78040.46 | 4 Social Security Tax withheld 4838.51 | |
| | | | | 5 Medicare Wages and Tips 78040.46 | 6 Medicare Tax withheld 1131.59 | |
| | | | | 7 Social Security tips | 8 Allocated Tips | |
| e/f. Employee's Name, Address, and ZIP Code CLIFFORD JACKSON JR 1112 CHARDONNAY XING LEANDER TX 78641-7976 | | | | 9 | 10 Dependent Care Benefits | |
| | | | | 12 See instructions for box 12 DD 23509.38 | 14 See instructions for box 14 K 1775.32 V 6778.22 | |
| | | | | 13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay | | |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |
| 15 State | Employer's State ID Number | 16 State Wages, Tips, etc | 17 State Income Tax | 18 Local wages, tips, etc | 19 Local Income Tax | 20 Locality name |

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

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.

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

Copy C - For EMPLOYEE'S RECORDS

| | | | |
|--|---|--|--|
| 44444 | For Official Use Only OMB No. 1545-0008 | | |
| a. Employer's name, address, and ZIP code DEFENSE FINANCE & ACTG SERV AGENT FOR VETERANS AFFAIRS 1240 E 9TH ST RM 1907 (ZPV) CLEVELAND OH 44199 | | c Tax year/Form corrected 2020/W-2 01 | |
| | | d Employee's correct SSN *****3772 | |
| | | e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/> | |
| | | Complete boxes f and/or g only if incorrect on form previously filed. f Employee's previously reported SSN | |
| b. Employer's Federal EIN 31-1575142 | | g Employee's previously reported name | |
| <div style="background-color: #cccccc; height: 40px; margin-bottom: 5px;"></div> Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6). | | h Employee's first name and initial Last name Suff. CLIFFORD J JACKSON 1449 MEADOW PKWY SAN MARCOS TX 786663081 | |
| | | i Employee's address and ZIP code | |
| Previously reported | | Correct Information | |
| 1 Wages, tips, other compensation | | 1 Wages, tips, other compensation | |
| 3 Social security wages | | 3 Social security wages | |
| 5 Medicare wages and tips | | 5 Medicare wages and tips | |
| 7 Social security tips | | 7 Social security tips | |
| 9 | | 9 | |
| 11 Nonqualified plans | | 11 Nonqualified plans | |
| 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party sick pay <input type="checkbox"/> | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-Party sick pay <input type="checkbox"/> | |
| 14 Other (see instructions) | | 14 Other (see instructions) | |
| | | 12a See instructions for box 12 | |
| | | 12b | |
| | | 12c | |
| | | 12d | |
| State Correction Information | | | |
| Previously reported | | Correct Information | |
| 15 State | | 15 State | |
| Employer's state ID number | | Employer's state ID number | |
| 16 State wages, tips, etc | | 16 State wages, tips, etc | |
| 17 State income tax | | 17 State income tax | |
| Locality Correction Information | | | |
| 18 Local wages, tips, etc. | | 18 Local wages, tips, etc. | |
| 19 Local income tax | | 19 Local income tax | |
| 20 Locality name | | 20 Locality name | |

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

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

Corrected Wage and Tax Statement

**Department of Treasury
Internal Revenue Service**

Notice to Employee

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

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

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

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