

2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy W-2 Wage and Tax Statement 2024 <small>Copy C for employee's records.</small> <small>OMB No. 1545-0008</small>												
d Control number 0000005712 UUQ Dept. CKR5 Corp. Employer use only 16260												
c Employer's name, address, and ZIP code UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260												
e/f Employee's name, address, and ZIP code ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15213												
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ELIZABETH A DARLING
2001 CAMPUS DRIVE
PITTSBURGH, PA 15213

Social Security Number: XXX-XX-0000

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PA. State Filing Copy
W-2 Wage and Tax Statement 2024
OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

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City or Local Filing Copy
W-2 Wage and Tax Statement 2024
OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

Box 1

<u><i>Wages, Tips & Other Compensation</i></u>		
\$51,333.35	Salary	
+ 600.00	Benefit Credit	
+ 50.00	Imputed Income	
+ 160.00	Taxable Tickets	
+ 260.00	Taxable Moving Expense	
+ 1,600.00	Taxable Scholarship	
- 4,107.00	Tax Deferred Retirement	
- 92.00	Parking	
- 2,425.00	HlthCare Spending Fund	
- 1,500.00	Health Savings Account	
- 250.00	Med/Dent/Vision	
- 1,000.00	Dependent Care	
= \$44,629.35	Amount subject to Federal Income Tax	

Box 3

<u><i>Social Security Wages (FICA)</i></u>		
\$51,333.35	Salary	
+ 600.00	Benefit Credit	
+ 50.00	Imputed Income	
+ 160.00	Taxable Tickets	
+ 260.00	Taxable Moving Expense	
+ 1,600.00	Taxable Scholarship	
- 92.00	Parking	
- 2,425.00	HlthCare Spending Fund	
- 1,500.00	Health Savings Account	
- 250.00	Med/Dent/Vision	
- 1,000.00	Dependent Care	
= \$48,736.35	Amount subject to Social Security Tax	

Note: Total Social Security Wage Base Not to Exceed \$168,600

Box 5

<u><i>Medicare Wages</i></u>		
\$51,333.35	Salary	
+ 600.00	Benefit Credit	
+ 50.00	Imputed Income	
+ 160.00	Taxable Tickets	
+ 260.00	Taxable Moving Expense	
+ 1,600.00	Taxable Scholarship	
- 92.00	Parking	
- 2,425.00	HlthCare Spending Fund	
- 1,500.00	Health Savings Account	
- 250.00	Med/Dent/Vision	
- 1,000.00	Dependent Care	
= \$48,736.35	Amount subject to Medicare tax	

Box 2

<u><i>Federal Income Tax Withheld FIT</i></u>	
Total Federal Income tax withheld for the tax year	

Box 4

<u><i>Social Security Tax Withheld</i></u>	
Amount in Box 3 X rate of 6.2% (maximum of \$10,453.20)	

Box 6

<u><i>Medicare Tax Withheld</i></u>	
Amount in Box 5 X rate of 1.45%	
*Additional 0.9% for compensation exceeding \$200,000	

Box e**Employee's Name & Address**

Employee's name and address as it appears in the Payroll Master File

Box 9**Advance EIC Payment**

Amount paid to the employee as Earned Income Credit advance payment (Form W-5)

Box 10**Dependent Care Benefit**

Amount paid for dependent care

Box 11**Nonqualified plans**

Taxable amount from a nonqualified deferred compensation plan

Box 12**Other**

Code	Description
(C)	Imputed Life
(E)	Retirement (TIAA)
(G)	Employee Pre-Tax 457(b) Retirement
(P)	Qualified Relocation
(W)	Health Savings Account
(BB)	Roth IRA
(DD)	Employee and Employer contributions to your medical plan
(EE)	Employee 457(b) Roth

Box 13**Retirement Plan**

An "X" indicates that employee participated in retirement plan.

Box 14**Other: Taxable Fringe Benefits**

Code	Description
14A	Basketball Tickets Football Tickets
14B	Scholar Med Scholar Med Refund
14C	Executive Misc
14D	Imputed Income Imputed Medical
14E	NonQualified Moving
14H	Scholarship
14I	Scholar ADD Scholar ADD Refund Scholar Life Scholar Life Refund
14J	Scholar Bus Pass Scholar Bus Pass Refund
14X	Local Service Tax (LST)

Box 17**State Income Tax**

Total state income tax withheld for the tax year

Box 18**Local Wages, Tips, Etc**

\$51,333.35	Salary
+ 600.00	Benefit Credit
+ 50.00	Imputed Income
- 2,425.00	HlthCare Spending Fund
- 1,500.00	Health Savings Account
- 250.00	Med/Dent/Vision
= \$47,808.35	Amount subject to Local Income Tax

Please note: This example is for PA only.

Box 19**Local Income Tax**

Total local income tax withheld for the tax year

Box 20**Locality Name**

70 - Tax Collection District for Jordan Tax Service

Box 16**State Wages, Tips, Etc.**

\$51,333.35	Salary
+ 600.00	Benefit Credit
+ 50.00	Imputed Income
- 2,425.00	HlthCare Spending Fund
- 1,500.00	Health Savings Account
- 250.00	Med/Dent/Vision
= \$47,808.35	Amount subject to State Income Tax

Please note: This example is for PA only.