

# 2025 W-2 and EARNINGS SUMMARY

Employee Reference Copy	
<b>W-2</b>	
Wage and Tax Statement	
<b>2025</b>	
OMB No. 1545-0008	
Copy C for employee's records.	
d Control number Dept. Corp. Employer use only	
0000005712 UUQ CKR5 16260	
c Employer's name, address, and ZIP code <b>UNIVERSITY OF PITTSBURGH</b> 4200 FIFTH AVENUE PITTSBURGH, PA 15260	
e/f Employee's name, address, and ZIP code <b>ELIZABETH A DARLING</b> 2001 CAMPUS DRIVE PITTSBURGH, PA 15213	
b Employer's FED ID number a Employee's SSA number <b>25-0965591</b> XXX-XX-0000	
1 Wages, tips, other comp. 44629.35 2 Federal income tax withheld 7631.62	
3 Social security wages 48736.35 4 Social security tax withheld 3021.65	
5 Medicare wages and tips 48736.35 6 Medicare tax withheld 706.68	
7 Social security tips 8 Allocated tips	
9 10 Dependent care benefits 1000.00	
11 Nonqualified plans 12a See instructions for box 12	
14 Other 160.00 14A 12b E 4107.00 50.00 14D 12c P 4217.27 260.00 14E 12d W 1500.00 1600.00 14H 13 Stat emp Ret. plan 3rd party sick pay X	
15 State Employer's state ID no. 16 State wages, tips, etc. <b>PA</b> 15985369 47808.35	
17 State income tax 1467.72 18 Local wages, tips, etc. 47808.35	
19 Local income tax 693.22 20 Locality name 700102	

**ELIZABETH A DARLING**  
2001 CAMPUS DRIVE  
PITTSBURGH, PA 15213

Social Security Number: XXX-XX-0000

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**W-2** Wage and Tax Statement **2025**  
OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

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**W-2** Wage and Tax Statement **2025**  
OMB No. 1545-0008

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

**Box 1**

<u><i>Wages, Tips &amp; 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 \$176,100

**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 \$10,918.20)	

**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
14O	Overtime Premium Portion
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.