

2025 W-2 and EARNINGS SUMMARY

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| Employee Reference Copy | |
| W-2 | |
| Wage and Tax Statement | |
| 2025 | |
| 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 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 15237 | |
| b Employer's FED ID number a Employee's SSA number 25-0965591 XXX-XX-1234 | |
| 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 E 4107.00 12b W 1500.00 12c 12d 13 Stat emp Ret. plan 3rd party sick pay X | |
| 15 State Employer's state ID no. 16 State wages, tips, etc. PA 15985369 47808.35 | |
| 17 State income tax 1467.72 18 Local wages, tips, etc. 47808.35 | |
| 19 Local income tax 478.08 20 Locality name 700102 | |

ELIZABETH A DARLING
2001 CAMPUS DRIVE
PITTSBURGH, PA 15237

Social Security Number: XXX-XX-0000

PAGE 01 OF 01

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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 & 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 13**Retirement Plan**

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

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 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 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.

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**

700102 - Tax Collection District for Jordan Tax Service

Box 20 Locality Name will list your work location as the PSD code. This is correct as it is where the University of Pittsburgh submits the local taxes that are withheld.