Copy B—To Be Filed With Employee's								
FEDERAL Tax Return.					OMB No. 1545-0008			
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Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury IRS								
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile								

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 85,882.52 12,100.66 207-58-3048 3 Social security wages 4 Social security tax withheld b Employer ID Number (EIN) 93,209.70 5,779.03 5 Medicare wages and tips 6 Medicare tax withheld 23-6004284 93,209.70 1,351.53 c Employer's name, address, and ZIP code YORK CITY SCHOOL DISTRICT 31 N PERSHING AVENUE YORK PA 17401 e Employee's name, address, and ZIP code Suff. CHRISTINA M POWERS 313 KENDALE ROAD 17356 RED LION PA 10 Dependent care benefits 12 Code 0.00 80.40 DUES 882.80 C 11 Nonqualified Plans DD 30,960.00 LST 52.00 0.00 PSER 7,327.18 13 Statutory Employee S125 4,566.00 68.36 Retirement Plan U/C Third-party Sick Pay 15 State Employer's state ID number 16 State wages, tips, etc. | 17 State income tax 2,859.07 PA 15663974 93,129.30 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 93,129.30 1,164.11 671401-WINDSOR TWP

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return. OMB No. 1545-0008 a Employee's soc. sec. no. 1 Wages, tips, other comp. 2 Federal income tax withheld 85,882.52 12,100.66 207-58-3048 3 Social security wages 4 Social security tax withheld b Employer ID Number (EIN) 5,779.03 93,209.70 Medicare wages and tips 6 Medicare tax withheld 23-6004284 93,209.70 1,351.53 c Employer's name, address, and ZIP code YORK CITY SCHOOL DISTRICT 31 N PERSHING AVENUE YORK PA 17401 e Employee's name, address, and ZIP code Suff CHRISTINA M POWERS 313 KENDALE ROAD RED LION PA 17356 10 Dependent care benefits 12 Code 14 Other 80.40 DUES 882.80 0.00 C 11 Nonqualified Plans DD 30,960.00 52.00 LST 0.00 7,327.18 PSER 13 Statutory Employee 4,566.00 S125 Retirement Plan 68.36 U/C Third-party Sick Pay 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 15663974 93,129.30 2,859.07 PA18 Local wages, tips, etc. 19 Local income tax 20 Locality name 1,164.11 671401-WINDSOR TWP 93,129.30 Form W-2 Wage and Tax Statement 2023 Dept. of the Treasury -- IRS

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## **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 don't 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 can't 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. See also 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 show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

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 aren't 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 800-772-1213. You may also visit the SSA website 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 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 (See also 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

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 box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must life Form 4157 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 received and the properties of the pro

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 (cateleria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457 (b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 4570 (b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, uny curremployer should file Form SSA-131. Employer Report of Spacial Wage Payments, with the Social Security Administration and give you a copy.

Search 19 Control of Search 19

profile social security wage basely, and of a cettive deferrals to a section 401(k) cash or deferred arrangement. Also earnings in a particular year, sedeferrals under a SIMPLE retirement account that is part of a section

#01(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

G – Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H – Elective deferrals to a section 501(c)(18(j)(0)) tax-exempt organization plan. H – Elective deferrals to a section 501(c)(18(j)(0)) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. J – Nontaxable sick pay (information only, not included in box 1, 3, or 5) K – 20% excise tax on excess golden parachute payments. See the Form 1040 instructions

1040 instructions.

L – Substantiated employee business expense reimbursements (nontaxable)

(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 a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q – Nontaxable combate pay. See the Form 1040 instructions for details on reporting this amount.
R – Employer contributions to your Archer MSA. Report on Form 8853.

S – Employer contributions to your Archer Max. Report on Point 883:
 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

T – Adoption benefits (not included in box 1), Complete Form 8839 to figure any taxable and nontaxable amounts.
V – Income from exercise of nonstatutory stock option(s) (included in boxes 1.3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.
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.
Y – Deferrals under a section 409A nonqualified deferred compensation nian

Y — Deferrals under a section 409A nonqualified deferred compensation plan
Z — Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tox plus interest. See the Form 100 instructions.

8B — 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.
FF — Permitted teneritis under a qualified small employer health
FF — Permitted teneritis under a qualified small employer health
FF — Germitted teneritis under a qualified small employer health
GG — Income from qualified equity grants under section 83(i)
HH — Aggregate deferrals under section 83(i) elections as of the close of the calendar year
Box 13. If the "Reitement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub.
590-A.

to the amount of traditional IRA contributions you may deduct. See Pub. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up persion contribution for a prior year(s) when you were in military amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

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 ligis. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B - Uncollected Medicare tax on ligis. 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 boxers of the current year).

1, 3 (up to the social security wage base), and 5)

D - Elective deterrais to a section 401(k) cash or deferred arrangement. Also