**W-2 Reference Guide for 2013**

\*Your Form W-2 should reconcile to your last 2013 paystub

**Box 1** – Wages, Tips, Other Compensation (Equal to **Year to Date Taxable Gross** Plus: Transit Checks/AFLAC/Prudential/COPE/Union Dues/Gifts/Garnishments/Life Insurance/Cash Advances). *(If applicable)*

**Box 2** – Federal Income Tax Withheld (Equal to **Federal Withholding**)

**Box 3** – Social Security Wages (Equal to **Year to Date Gross** Minus: Healthcare E/DENT/Dependent Care/Flex Spending**.** There is a S.S. Cap of $113,700 in 2013). This box will be zero if Tax Exempt.

**Box 4** – Social Security Tax Withheld (Equal to **SS Tax 4.20%**)

**Box 5** – Medicare Wages and Tips (Equal to **Year to Date Gross** Minus: Healthcare E/Dependent Care/Flex Spending)**.** This box will be zero if Tax Exempt.

**Box 6** – Medicare Tax Withheld (Equal to **Medicare Employee**)

**Box 7** – Social Security Tips (**N/A**)

**Box 8** – Allocated Tips (**N/A**)

**Box 9** – Advance EIC Payment (**N/A**)

**Box 10** – Dependent Care Benefits (Equal to **Dependant Care**)

**Box 11** – Nonqualified Plans (Equal to **Top Hat Deferral**)

**Box 12 –**

 **Code C** (Equal to **Life Insurance**)

**Code E** (Equal to **Pension 5% Employee**)

**Code G** (Equal to **Top Hat Deferral**)

 **Code DD** (Employer Paid Healthcare; Not shown on paystub)

**Box 13** – Statutory Employee (**N/A**)

**Box 14 –**

**Code FSA** (Equal to **Healthcare**)

**Code MEDE** (Equal to **Healthcare Employee**)

**Code PEN** (Equal to **Pension 5% Employee** when exceeding elective deferral limit of $17,000)

**Box 15** – State Employers ID Number (**13 XXXXXXXXX**)

**Box 16** – State Wages, Tips, Etc. (Equal to **Year to Date Taxable Gross** Plus: Transit Checks/AFLAC/Prudential/COPE/Union Dues/Gifts/Garnishments/Life Insurance/Cash Advances).

**Box 17** – State Income Tax (Equal to **NYS TAX**)

**Box 18 –** Local Wages, Tips, Etc. (Equal to **Year to Date Taxable Gross** Plus: Transit Checks/AFLAC/Prudential/COPE/Union Dues/Gifts/Garnishments/Life Insurance/Cash Advances). *(If applicable)*

**Box 19** – Local Income Tax (Equal to **City TAX R**)

**Box 20** – Locality Name (**NYC**)