Employer’s Name and Address
This information will be printed on all copies of the Form W-2.
The box will include the Federal Identification Number for the following companies:

14-6013200  New York State
13-3893536  City University of New York
14-6019701  SUNY Construction Fund

Box 1  Wages, Tips and Other Compensation
The total Federal taxable gross wages.

Box 2  Federal Income Tax Withheld
The total Federal income tax withheld.

Box 3  Social Security Wages
The total wages subject to Social Security tax, not to exceed $117,00.00.

Box 4  Social Security Tax Withheld
The total Social Security tax withheld, not to exceed $7,254.00.

Box 5  Medicare Wages
The total wages subject to Medicare tax.

Box 6  Medicare Tax Withheld
The total Medicare tax withheld. This amount includes 1.45% Medicare tax withheld on all Medicare wages and 0.9% additional Medicare Tax on wages above $200,000.00.

Box 10  Dependent Care Benefits
The total dependent care benefit.

Box 12  Certain deductions, elective deferrals and/or reimbursed amounts

Codes:

E- Section 403(b) contributions

G- Section 457(b) deferred compensation contributions

P- Excludable moving expense reimbursements (not included in Boxes 3 and 5)

DD- Cost of employer-sponsored health coverage. This is the aggregate cost of employer and employee share of health care cost. This is informational only.

EE- Designated Roth (after-tax) contributions under a governmental Section 457(b) plan.
Box 13  
**Checkboxes:**

**Retirement Plan**  
Checked for employees who are eligible to participate in a State of New York retirement plan.

**Third Party Sick Pay**  
Checked for employees who received Third Party Sick Pay benefits.

Box 14  
**Other**  
Amounts to be reported:

**414H**  
All non-taxable retirement contributions made to New York State, City retirement systems or to TIAA/CREF. This amount must be reported for State and Local taxes. If there is a minus sign (-) with this amount, State and Local taxes have already been paid.

**CPA**  
The amount of Chaplain’s Parsonage Allowance

**EDA**  
Educational Assistance Payments.

**EXP**  
Taxable Expense. This code is used for payments of “lieu of expenses”, non-overnight meal allowances, excess per diem reimbursements or personal car mileage.

**FRB**  
Taxable Fringe Benefit. This code is used for Certification and Licensure Exam Fee Reimbursement and/or SUNY Housing Payment

**IMP**  
Imputed Income. The value of the employer contribution for employees with Domestic Partner Health Insurance.

**IRC125**  
For City University of New York (CUNY) employees only. This amount includes Dependent Care, Flexible Spending Account and Non-Taxable Health Insurance and is excludable for Federal income tax, FICA and Medicare taxes. It is not included in Boxes 1, 3 and 5. This amount must be reported for State and Local taxes.

**MNA**  
The amount of military pay exempt from NYS income tax as provided by NYS Tax Law. 
Note: This is applicable to members of the New York State organized militia only and paid in Agencies 01071 and/or 01072.

**PEV**  
The amount of personal use of an employer provided vehicle.
Box 14 (con't)  
TPS  The amount of sick pay paid by a Third Party Provider.

TXP  Taxable transportation fringe benefits (parking) in excess of IRS excludable amounts.

PPL  Pre-Paid Legal Expense.

UTA  Uniform/Tool Allowance

WCX  Workers’ Compensation excluded amount. This is the total amount of current year gross wages paid while on a work related injury.

Box 15  
State

A two-letter code as identified below indicating which State wages were reported to.

CA  - California
DC  - District of Columbia
FL  - Florida
GA  - Georgia
IL  - Illinois
MA  - Massachusetts
MD  - Maryland
NJ  - New Jersey
NY  - New York
OH  - Ohio
PA  - Pennsylvania
SC  - South Carolina
TX  - Texas
VA  - Virginia

Box 16  
State Wages

The State wages are the same amount required to be reported for Federal wages in Box 1 - Wages, Tips and Other Compensation.

Box 17  
State Income Tax

The total State tax withheld.

Box 18  
Local Wages

The total Local Wage(s).

Box 19  
Local Income Tax

The total Local tax withheld.

Box 20  
Name of Locality

The name of the Locality if Local tax was withheld.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Locality Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York City</td>
<td>P0001</td>
</tr>
<tr>
<td>Yonkers</td>
<td>84000</td>
</tr>
<tr>
<td>Anne Arundal</td>
<td>003</td>
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</table>