## Pay Advice and W-2 Reconciliation

The information presented below is intended as an example to aid in reconciling an employee's December pay advice to their W-2. If December pay transactions required corrections after the December payroll was processed there may be additional steps that need to be taken to reconcile the W-2 information.

If you have any questions relating to your W-2, contact your agency's payroll specialist. In addition to receiving your W-2 in the mail, the W-2 can be accessed by using the Employee Self Service system (ESS) or contact your agency's payroll specialist to receive a duplicate. Duplicate W-2 requests must be in writing. In order to protect the employee, verbal requests will not be accepted.

The State of Wyoming has several benefit programs, which may result in a difference between employees' total earnings, their taxable federal income tax wages, and taxable Social Security/Medicare wages. These programs are: deferred compensation, various types of flexible benefit programs, and an option to have medical and life insurance premiums paid with pre-tax dollars. Depending on the benefit program participation elected by an employee, not all pre-tax deductions apply to all employees. The example below is intended to demonstrate how an employee can reconcile their December Pay Advice to their W-2.

					DECEMBER PAY A	OVICE	E						]
EARNINGS								DEDUCTIONS					
SCRIPTION	PAY RATE	HOURS	PAY AMO	UNT	YTD AMOUNT			DESCR	IPTION		EDUCTION AMOUNT	YTD DEDUCTION AMOUNT	
ALARY NNG	6482.00 200.00	173:20	\$6,482.00 \$200.00				FI FE M D D D D VI D	ADD FIT TAX FICA EE FED INC TAX MDCR EE RTR REG EM-MT DENT PREV NO TX DENT OPT NO TX DEP LIFE TAXED MEDICAL NO TAX PRUDL INS TX VISION TAXED DEF COMP DEF COMP DEF COMP 50		\$50.00 \$400.44 \$1,071.48 \$93.65 \$112.26 \$20.49 \$13.07 \$1.59 \$84.81 \$16.00 \$8.40 \$50.00 \$100.00		\$600.00 \$4,858.43 \$13,105.76 \$1,136.24 \$1,213.44 \$237.85 \$152.99 \$17.65 \$973.46 \$192.00 \$100.80 \$350.00 \$500.00	Pre-tax deduction
DTAL					\$80,961.00		S/	DEPEND CARE MEDICAL REIMB SAVINGS 1 SAVINGS 2 TOTAL			\$200.00 \$125.00 \$100.00 \$75.00 \$2,522.19	\$2,400.00 \$1,500.00 \$1,200.00 \$900.00	
		LEAVE						$\overline{}$	STAT	E CON.	TRIBUTIONS		
SCRIPTION	CURRENT USA	AGE CUR	RENT ACCRU	JAL/	BALANCE			DESCRIPTION		Þ	AMOUNT	YTD AMOUNT	
NNUAL LEAVE CK LEAVE DMIN LEAVE DLIDAY LVE	AL LEAVE 0 (AVE 0 (LEAVE 0		0:00 0:00 0:00		800 91:0 8:00 139:0 0:00 00:0 0:00 -64:0		RTR REG ST MT RTR-AG-MT RTR-ST-MT Insurance Match DF CMP AG MT			\$96.22 \$1,154. \$388.89 \$4,533. \$379.54 \$4554. \$663.69 \$7,661. \$20.00 \$240.			
												7	
				Wa	W-2 Box 1 Wages, tips and other compensation		W-2 I ocial S Wa	Security	W-2 Box ! Medicare W				
		SALARY '			\$80,961.00			80,961.00	\$80,96	1.00_	1		
DE DE DE DE DE		RTR REG			(\$1,213.44)							/	
			DENT PREV NO TX  DENT OPT NO TX  MEDICAL NO TAX		(\$237.85)			(\$237.85)	(\$237.85)		\ /	/	
					(\$152.99)			(\$152.99)	(\$152.99)				
					(\$973.46) (\$350.00)			(\$973.46)	(\$97	3.46)	<u> </u>		
		DEF COMP DEF COMP 50 DEPEND CARE MEDICAL REIMB DF CMP AG MT											
				(\$500.00) (\$2,400.00)			16	\$2,400.00)	(¢2.40)	0.00			
					(\$2,400.00)		• •	\$1,500.00)	(\$2,400.00) (\$1,500.00)		X		
							(\$	\$240.00	(1 /	0.00/			
			e Wages		\$73,633.26		\$	75,936.70	\$75,93				

## Pay Advice and W-2 Reconciliation

55555	Void	a Employe	e's social security number	For Official Use Only ▶ OMB No. 1545-0008						
<b>b</b> Employer identifi	,			1	Wages, tips, other compensation 73633.26	2 Federal income tax withheld 13705.76				
c Employer's name, address, and ZIP code						Social security wages 75936.70				
					5	Medicare wages and tips 75936.70		dicare tax wi		
					7	Social security tips 0.00	8 Allo	ocated tips 0.00		
d Control numb	$\Xi X$	$\Delta \Lambda$	<b>APLE</b>		9		10 De	pendent care <b>240</b> 0		
e Employee's fi	name ,ind i iti /	LaV	na me	Suff.		Nonqualified plans 0.00	g G	ee instruction \$	s for box 12 1,090	
						Statutory Fletirement Third-party employee Plan Sick pay	12b	\$8	,396.73	
					14	Other	12c			
					N	ITX MED REIM 1500.00	12d			
f Employee's addr	ess and ZIP cod	le								
15 State Employe	er's state ID number 16 State wages, tips, etc. 17 S		17 State incom	ne tax 18 Local wages, tips, etc.		19 Locali	ncome tax	20 Locality name		
Form -	Wage an		atement n – Send this entire pag	e with		For	Privacy A	ct and Pape	Revenue Service rwork Reduction rate instructions.	
Form W-3 to the S	Social Security	Administrat	tion; photocopies are <b>no</b>	t acceptable.					Cat. No. 10134D	

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<u>Box 1 (Wages, tips and other compensation)</u> – indicates total wages, and taxable fringe benefits less pre-tax deductions that are subject to federal income tax withholding (Box 2).

<u>Box 3 (Social Security wages) and Box 5 (Medicare wages and tips)</u> – indicate wages and taxable fringe benefits less pre-tax deductions that are subject to Social Security taxes (Box 4) and Medicare taxes (Box 6).

The other boxes on the W-2 are for informational reporting purposes.

**Box 10 (Dependent care benefits)** – indicates the total *pre-tax* amount withheld for dependent care for those employees who elected to participate in the dependent care flexible benefit program.

<u>Box 12-(G) (Deferred Compensation Section 457(b))</u> – indicates the total employee *pre-tax* deduction [e.g. DEF CMP or DEF COMP 50] withheld from the employees total earnings plus the total employer agency match [DF CMP AG MT].

<u>Box 12-(P) (Excludable Moving expenses)</u> – indicates those moving expense reimbursements paid directly to an employee that are otherwise deductible by an employee and paid under an accountable plan.

Box 12-(W) (HSA Deduction) – indicates the total pre-tax amount contributed to a Health Savings Account (HSA).

## Pay Advice and W-2 Reconciliation

<u>Box 12-(DD) (Cost of Employer – Sponsored Health Coverage)</u> – indicates both the portion of the cost paid by the employer and the portion of the cost paid by the employee, regardless of whether the employee paid for the cost through pre-tax or after-tax contributions.

<u>Box 12-(EE) (Designated Roth Contributions)</u> – indicates the total employee Roth *after-tax* contribution made under a Governmental Section 457(b) plan.

**Box 14-(2) (Medical Reimbursement)** – indicates the total *pre-tax* amount withheld for medical reimbursement for those employees who elected to participate in the medical flexible benefit program.

<u>Box 14-(3) (Moving Expense paid)</u> – indicates those moving expense reimbursements paid directly to an employee that are otherwise not deductible and paid without a qualified accountable plan. *These reimbursements are included in Box 1* (Wages, tips and other compensation).

<u>Box 14-(4) (Educational Assistance Payments)</u> – indicates those tuition expenses that exceed \$5,250.00 and *are included in Box 1 ((Wages, tips and other compensation).* 

<u>Box 14-(5) (Car Expense)</u> – indicates the value assigned to the benefit of using an employer-owned vehicle for both business and personal use and *is included in Box 1 (Wages, tips and other compensation)*.