

Sample 2018 W-2 Wage and Tax Statement



Internal Revenue Service United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-30-2019 *
Response Date: 08-30-2019
Tracking Number: XXXXXXXXXXXX

Wage and Income Transcript

SSN Provided: XXX-XX-1614
Tax Period Ending: December 2018

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):

Employee:

Employee's Social Security Number: XXX-XX-1614
LUCY JANI MATT
1234 W

Submission Type:.....Original document	
Wages, Tips and Other Compensation:.....\$47,355.00	- - - - -> Box 1
Federal Income Tax Withheld:.....\$4,072.00	- -> Box 2
Social Security Wages:.....\$54,206.00	- - - - -> Box 3
Social Security Tax Withheld:.....\$3,360.00	- -> Box 4
Medicare Wages and Tips:.....\$54,206.00	- - - - -> Box 5
Medicare Tax Withheld:.....\$786.00	- -> Box 6
Social Security Tips:.....\$0.00	- - - - -> Box 7
Allocated Tips:.....\$0.00	- -> Box 8
Dependent Care Benefits:.....\$0.00	- - - - -> Box 10
Deferred Compensation:.....\$3,491.00	- -> Box 12a-d (D, E, F, G, H)
Code "Q" Nontaxable Combat Pay:.....\$0.00	
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00	
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....\$0.00	
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....\$0.00	
Code "R" Employer's Contribution to MSA:.....\$0.00	
Code "S" Employer's Contribution to Simple Account:.....\$0.00	- - - - -> Box 12a-d (S)
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00	
Code "V" Income from exercise of non-statutory stock options:.....\$0.00	
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00	
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00	
Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$8,850.00	
Code "EE" Designated ROTH Contributions Under a Governmental Section 457 (b) Plan:.....\$0.00	
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:.....\$0.00	