

2024 W-2 and EARNINGS SUMMARY

Employee Reference Copy		W-2		Wage and Tax Statement		2024	
Copy C for employee's records.				OMB No. 1545-0008			
d Control number		Dept.	Corp.	Employer use only			
0000005712 UUQ			CKR5	16260			
c Employer's name, address, and ZIP code							
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH, PA 15260							
e/f Employee's name, address, and ZIP code							
ELIZABETH A DARLING 2001 CAMPUS DRIVE PITTSBURGH, PA 15213							
b Employer's FED ID number		a Employee's SSA number					
25-0965591		XXX-XX-0000					
1 Wages, tips, other comp.		2 Federal income tax withheld					
44629.35		7631.62					
3 Social security wages		4 Social security tax withheld					
48736.35		3021.65					
5 Medicare wages and tips		6 Medicare tax withheld					
48736.35		706.68					
7 Social security tips		8 Allocated tips					
9		10 Dependent care benefits					
		1000.00					
11 Nonqualified plans		12a See instructions for box 12					
14 Other		12b E		4107.00			
160.00 14A		P		4217.27			
50.00 14D		W		1500.00			
260.00 14E							
1600.00 14H		13 Stat emp		Ret. plan	3rd party sick pay		
				X			
15 State		16 State wages, tips, etc.					
PA	Employer's state ID no. 15985369	47808.35					
17 State income tax		18 Local wages, tips, etc.					
1467.72		47808.35					
19 Local income tax		20 Locality name					
693.22		700102					

ELIZABETH A DARLING
2001 CAMPUS DRIVE
PITTSBURGH, PA 15213

Social Security Number: XXX-XX-0000

PAGE 01 OF 01

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Federal Filing Copy		PA. State Filing Copy		City or Local Filing Copy			
W-2		W-2		W-2		W-2	
Wage and Tax Statement		Wage and Tax Statement		Wage and Tax Statement		Wage and Tax Statement	
2024		2024		2024		2024	
Copy B to be filed with employee's Federal Income Tax Return.		Copy 2 to be filed with employee's State Income Tax Return.		Copy 2 to be filed with employee's City or Local Income Tax Return.		Copy 2 to be filed with employee's City or Local Income Tax Return.	

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Box 1

<u>Wages, Tips & Other Compensation</u>		
\$51,333.35		Salary
+	600.00	Benefit Credit
+	50.00	Imputed Income
+	160.00	Taxable Tickets
+	260.00	Taxable Moving Expense
+	1,600.00	Taxable Scholarship
-	4,107.00	Tax Deferred Retirement
-	92.00	Parking
-	2,425.00	HlthCare Spending Fund
-	1,500.00	Health Savings Account
-	250.00	Med/Dent/Vision
-	1,000.00	Dependent Care
=	\$44,629.35	Amount subject to Federal Income Tax

Box 3

<u>Social Security Wages (FICA)</u>		
\$51,333.35		Salary
+	600.00	Benefit Credit
+	50.00	Imputed Income
+	160.00	Taxable Tickets
+	260.00	Taxable Moving Expense
+	1,600.00	Taxable Scholarship
-	92.00	Parking
-	2,425.00	HlthCare Spending Fund
-	1,500.00	Health Savings Account
-	250.00	Med/Dent/Vision
-	1,000.00	Dependent Care
=	\$48,736.35	Amount subject to Social Security Tax

Note: Total Social Security Wage Base Not to Exceed \$168,600

Box 5

<u>Medicare Wages</u>		
\$51,333.35		Salary
+	600.00	Benefit Credit
+	50.00	Imputed Income
+	160.00	Taxable Tickets
+	260.00	Taxable Moving Expense
+	1,600.00	Taxable Scholarship
-	92.00	Parking
-	2,425.00	HlthCare Spending Fund
-	1,500.00	Health Savings Account
-	250.00	Med/Dent/Vision
-	1,000.00	Dependent Care
=	\$48,736.35	Amount subject to Medicare tax

Box 2

<u>Federal Income Tax Withheld FIT</u>
Total Federal Income tax withheld for the tax year

Box 4

<u>Social Security Tax Withheld</u>
Amount in Box 3 X rate of 6.2% (maximum of \$10,453.20)

Box 6

<u>Medicare Tax Withheld</u>
Amount in Box 5 X rate of 1.45%
*Additional 0.9% for compensation exceeding \$200,000

Box e

Employee's Name & Address

Employee's name and address as it appears in the Payroll Master File

Box 13

Retirement Plan

An "X" indicates that employee participated in retirement plan.

Box 17

State Income Tax

Total state income tax withheld for the tax year

Box 9

Advance EIC Payment

Amount paid to the employee as Earned Income Credit advance payment (Form W-5)

Box 14

Other: Taxable Fringe Benefits

Code	Description
14A	Basketball Tickets Football Tickets
14B	Scholar Med Scholar Med Refund
14C	Executive Misc
14D	Imputed Income Imputed Medical
14E	NonQualified Moving
14H	Scholarship
14I	Scholar ADD Scholar ADD Refund Scholar Life Scholar Life Refund
14J	Scholar Bus Pass Scholar Bus Pass Refund
14X	Local Service Tax (LST)

Box 18

Local Wages, Tips, Etc

	\$51,333.35	Salary
+	600.00	Benefit Credit
+	50.00	Imputed Income
-	2,425.00	HlthCare Spending Fund
-	1,500.00	Health Savings Account
-	250.00	Med/Dent/Vision
=	\$47,808.35	Amount subject to Local Income Tax

Please note: This example if for PA only.

Box 10

Dependent Care Benefit

Amount paid for dependent care

Box 11

Nonqualified plans

Taxable amount from a nonqualified deferred compensation plan

Box 19

Local Income Tax

Total local income tax withheld for the tax year

Box 12

Other

Code	Description
(C)	Imputed Life
(E)	Retirement (TIAA)
(G)	Employee Pre-Tax 457(b) Retirement
(P)	Qualified Relocation
(W)	Health Savings Account
(BB)	Roth IRA
(DD)	Employee and Employer contributions to your medical plan
(EE)	Employee 457(b) Roth

Box 16

State Wages, Tips, Etc.

	\$51,333.35	Salary
+	600.00	Benefit Credit
+	50.00	Imputed Income
-	2,425.00	HlthCare Spending Fund
-	1,500.00	Health Savings Account
-	250.00	Med/Dent/Vision
=	\$47,808.35	Amount subject to State Income Tax

Please note: This example is for PA only.

Box 20

Locality Name

70 - Tax Collection District for Jordan Tax Service