

a. Employee's Social Security Number *****5479		OMB No. 1545-0008					
b. Employer's Identification Number (EIN) 35-9990000		d. Control number		1 Wages, Tips, and other compensation 34353.83	2 Federal Income Tax withheld 2412.52		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social Security Wages 34353.83		4 Social Security Tax withheld 2129.94	
				5 Medicare Wages and Tips 34353.83		6 Medicare Tax withheld 498.13	
				7 Social Security tips		8 Allocated Tips	
e/f. Employee's Name, Address, and ZIP Code ISAIAH M LARSON EFWJDZB0 4834				9		10 Dependent Care Benefits	
				12 See instructions for box 12  AA 3987.17		14 See instructions for box 14	
				13 <input type="checkbox"/> Statutory Employee <input checked="" type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-party sick pay			
15 State NC	Employer's State ID Number 101015534	16 State Wages, Tips, etc 34353.83	17 State Income Tax 2087.00	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	
15 State	Employer's State ID Number	16 State Wages, Tips, etc	17 State Income Tax	18 Local wages, tips, etc	19 Local Income Tax	20 Locality name	

Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy B To Be Filed With Employee's FEDERAL Tax Return  
This information is being furnished to the Internal Revenue Service

a. Employee's Social Security Number *****5479		OMB No. 1545-0008 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
b. Employer's Identification Number (EIN) 35-9990000		d. Control Number		1 Wages, Tips, other compensation 34353.83	2 Federal Income Tax withheld 2412.52		
c. Employer's Name, Address, and ZIP Code DFAS ATTN:DFASIN/JAREA 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-2410				3 Social Security Wages 34353.83		4 Social Security Tax withheld 2129.94	
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Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on Back of Copy B)

a. Employee's Social Security Number *****5479		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 35-9990000		d. Control number		1 Wages, Tips, and other compensation 34353.83	2 Federal Income Tax withheld 2412.52	
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Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a. Employee's Social Security Number *****5479		OMB No. 1545-0008				
b. Employer's Identification Number (EIN) 35-9990000		d. Control Number		1 Wages, Tips, other compensation 34353.83	2 Federal Income Tax withheld 2412.52	
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Form **W-2** Wage and Tax Statement **2023**

Department of the Treasury - Internal Revenue Service  
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you do not have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for **2023** if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You cannot take the EIC if your investment income is more than the specified amount for **2023** or if income is earned for services provided while you were an inmate at a penal institution. For **2023** income limits and more information, visit [www.irs.gov/eitc](http://www.irs.gov/eitc). Also see Pub. 596.

**Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's Social Security Number (SSN).** For your protection, this form may only show the last four digits of your SSN. However, your employers have reported your complete SSN to the IRS and Social Security Administration (SSA).

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 1-800-772-1213. You also may visit the SSA at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in **2023** and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you also may be able to claim a refund on Form 843. See the instructions for Form 843.

(Also see *Instructions for Employee* on the back of Copy C.)

## Instructions for Employee (Also see *Notice to Employee* on the back of Copy B.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is **not** included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F and S) and designated Roth contributions (codes AA, BB and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans, \$25,500 for section 403(b) plans, if you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in **2023**, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

**Note:** If a year follows code D through H, S, Y, AA, BB or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year. Your employer does not use codes G, H, K, V, Y, Z, FF, GG, HH.

**A** - Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**B** - Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

**C** - Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

**D** - Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E** - Elective deferrals under a section 403(b) salary reduction agreement.

**F** - Elective deferrals under a section 408(k)(6) salary reduction SEP.

**J** - Nontaxable sick pay (information only, not included in boxes 1, 3, or 5).

**L** - Substantiated employee business expense reimbursements (nontaxable).

**M** - Uncollected Social Security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**N** - Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

**P** - Excludable moving expense reimbursements paid directly to member of Armed Forces (not included in boxes 1, 3, or 5).

**Q** - Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

**R** - Employer contributions to your Archer MSA. Report on Form 8853.

**S** - Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).

**T** - Adoption benefits (not included in box 1). Complete Form 8839 to compute any taxable and nontaxable amounts.

**W** - Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

**AA** - Designated Roth contributions under a section 401(k) plan.

**BB** - Designated Roth contributions under a section 403(b) plan.

**DD** - Cost of employer-sponsored health coverage. **The amount reported with Code DD is not taxable.**

**EE** - Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

**Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

**Box 14.** Any amount in box 14 should be coded. The following explains the codes.

**C** - Taxable reimb for Permanent Change of Station (Incl in Box 1)

**E** - Military TSP Contribution (Tax Exempt)

**F** - TIAA/CREF and Fidelity Retirement Contributions

**G** - Pre-Tax Transportation Equity Act Benefits

**H** - Taxable Home to Work and/or MILAIR Benefits (Incl in Box 1)

**K** - Pretax Vision and Dental Deduction

**P** - Parking Fringe Benefits/Employer Provided Vehicle. (Incl in Box 1)

**R** - Retirement Deductions. (for Civilian Employees who have wages earned in Puerto Rico)

**S** - Federal Employee Health Benefit employee deduction for Civilian Employees who have wages earned in Puerto Rico.

**STT** - Oregon Transit Tax

**T** - Cost of Living Allowance not included in box 1 or 16 for Civilian Employees who have COLA included for wages in Alaska, Hawaii, Guam and the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands

**U** - Non-Cash Fringe Benefits (Incl in Box 1)

**V** - Pretax FEHB Incentive

**X** - Occupational FEHB Incentive Tax/Local Services Tax (CIVILIAN)

**Y** - Pretax Flexible Spending Account Employee Contributions

**Z** - Retirement Deductions for Massachusetts Residents Only

**DX** - Sick Leave Wages 1/1/21-3/31/21 \$511/day limit

**DY** - Sick Leave Wages 1/1/21-3/31/21 \$200/day limit

**DZ** - Emergency Family Leave Wages 1/121-3/31/21

**EX** - Sick Leave Wages 4/1/21-9/30/21 \$511/day limit

**EY** - Sick Leave Wages 4/1/21-9/30/21 \$200/day limit

**EZ** - Emergency Family Leave Wages 4/1/21-9/30/21

**Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.