| 16693.45 | | | 373.66 | | | | |
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| 1 Wages, tips, other comp. | | | 2 Federal income tax withheld | | | | |
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| 3 Social security was | ages | 4 | 4 Social security tax withheld | | | | |
| 166 | 93.45 | 5 | 242.08 | | | | |
| 5 Medicare wages a | | 6 | 6 Medicare tax withheld | | | | |
| Employer's name, address, and | d ZIP code | | | | | | |
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| 7 Social security tips | | | 8 Allocated tips | | | | |
| 9 Verification code | | | 10 Dependent care benefits | | | | |
| 11 Nonqualified plan | s | 12 | а | | | | |
| 11 Nonqualifica piaris | | 12 | 12b | | | | |
| 13 Statutory Retirement plan | Third-party sick pay | 12 | С | | | | |
| employee plan | SICK pay | 12 | d | | | | |
| 14 | | | Employee's SSN | | | | |
| | | 1 6 | 622-77-6129 | | | | |
| | | En | Employer ID number (EIN) | | | | |
| | | 3 | 39-6001163 | | | | |
| | | | Control number | | | | |
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| 1178 GRACIN | | | .N | | | | |
| SUN PRAIRIE WI 53590 | | | | | | | |
| DON TRUIT | W1 0 | ,,,,, | | | | | |
| Employee's name, address, an | d ZIP code | | | | | | |
| | | 16 State | State wages, tips, etc. | | 17 State income tax | | |
| WI 036000060529902 | | 16 | 16693.45 | | 378.46 | | |
| 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | | | |
| Wage and Tax Statement Form Copy B This information is being furnished to the IRS. W-2 | | | | | | | |

To Be Filed With Employee's

FEDERAL Tax Return.

OMB No. 1545-0008

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| 1 | Wages, tips, other cor | mp. | 2 Federal income tax withheld | | | | |
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| 5 | Medicare wages and | tips | 6 | Medicare tax withheld | | | |
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| 7 | Social security tips | | 8 Allocated tips | | | | |
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| 9 | Verification code | | 10 Dependent care benefits | | | | |
| | | | | | | | |
| 11 | Nonqualified plans | | 12 | 2a | | | |
| | | | 12 | 2b | | | |
| 13 | Statutory Retirement Third employee plan sick | d-party pay | 12 | 2c | | | |
| | | | 12 | 2d | | | |
| 14 Employee's SSN | | | N | | | | |
| | | | 622-77-6129 | | | | |
| | | | Employer ID number (EIN) | | | | |
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| 1178 GRACING OAKS LN | | | | | | | |
| SUN PRAIRIE WI 53590 | | | | | | | |
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| Employee's name, address, and ZIP code | | | | | | | |
| 15 St. Employer's state ID number 16 State wages, tips, etc. 17 State income to | | | | 17 State income tax | | | |
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| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
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| 15 St. Employer's state ID number | 16 State wages, tips, etc. | 1 / State income tax |

Wage and Tax Statement Copy C — For EMPLOYEE'S RECORDS

This information is being furnished to the IRS. 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 fall to report it. OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service



2018

Department of the Treasury - Internal Revenue Service

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|--|--------------------------------|----------------------------|--------------------------|--|--|--|
| 1 Wages, tips, other con | ıp. | 2 Federal in | come tax withheld | | | |
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| 7 Social security tips | | 8 Allocated | d tips | | | |
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| 9 Verification code | | 10 Dependent care benefits | | | | |
| 11 Nonqualified plans | | 12a | | | | |
| | | 12b | | | | |
| 13 Statutory Retirement Third- employee plan Sick p | party av | 12c | | | | |
| | | 12d | | | | |
| 14 | | Employee's SSN | | | | |
| | | 622-77-6129 | | | | |
| | | Employer ID number (EIN) | | | | |
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| Employee's name, address, and ZIP code | | | | | | |
| 15 St. Employer's state ID number | | State wages, tips, | etc. 17 State income tax | | | |
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| 18 Local wages, tips, etc. | | Local income tax | 20 Locality name | | | |
| Wage and Tax Statement Form Copy 2 W-2 | | | | | | |

| Instructions | for | Empl | ovee |
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To Be Filed With Employee's State,

City, or Local Income Tax Return.

INSII UCTIONS TO ETITIDIOSE

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, Additional Medicare Tax.

See the Form 1040 instructions to determine if you are required to complete Form 8959.

2018

Department of the Treasury - Internal Revenue Service

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 shove \$200,000.

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 box 1, 3, 5, or 7, For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 1437, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove that you received a smaller amount. If you have records that show the schula amount of tips 4137 you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your remployer. By filing Form 4137, you will calculate the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security the security of the secur

deferral and a deferral and a time the same called any ear, and you are or will be age 62 by the end of the calendar year, and you are or will be age 62 by the end of the calendar year, your employers should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

of Special wager 4-yearments, with the Social Security Administration and give you a copy, Box 12. The following list applians the codes shown in loss 12. You may need that Box 12. The following list applians the codes shown in loss 12. You may need that designated Roth contributions (codes AA, BB, and EB) under the following the code of the designated Roth contributions (codes AA, BB, and EB) under the code of the code of the shown in the state of the code of the code of the code of the code of the limited to \$18,500. (\$12,500 ft to code of the code of the code of the limited to \$18,000. Deferrals under code H are limited to \$7,000.

limited to \$18,500. Deferrals under code H are limited to \$7,000. However, if you were at least age 50 in 2018, your employer may have allowed an additional deferral of up to \$6,000 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit no elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retriement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the instructions for Form 1040.

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 seed feelings, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Unc cted social security or RRTA tax on tips. Include this tax on Form 1040. See the

A—unconlected social security or HH1A tax on tips. Include this tax on Form 1040. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. 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)

social security wage base), and 5)

De Elective deferrals to a section 401 (k) cash or deferred arrangement. Also includes deferrals under a SIMID Elective deservation arrangement. Elective deferrals under a SIMID Elective deferrals under a section 400 (k) arrangement.

E-Elective deferrals under a section 408 (k) (g) salary reduction agreement

F-Elective deferrals and employer contributions (including nonelective deferrals) to a section 4370 (b) deferred compensation plan

section 457(b) deferred compensation plan
H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form
1040 instructions for how to deduct.
J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)
K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable)
M—Uncollected social security or HRTA tax on taxable cost of group-term life insurance
over \$50,000 (normer employees only). See the Form 1040 instructions.

Ne 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 a member of the U.S. Armed Forces (not included in box 1, 3, or 5).

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| 1 Wages, tips, other comp. | | Federal i | ncor | ne tax withheld | | |
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| 3 Social security wages | 4 | 4 Social security tax withheld | | | | |
| 16693.4 | 5 | | | 242.08 | | |
| 5 Medicare wages and tips | : 6 | 6 Medicare tax withheld | | | | |
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| 7 Social security tips | | 8 Allocated tips | | | | |
| 9 Verification code | | 10 Dependent care benefits | | | | |
| 11 Nongualified plans | 1 | 2a | | | | |
| | 1 | 2b | | | | |
| 13 Statutory Retirement Third-part sick pay | ty 1 | 2c | | | | |
| July July | 1 | 2d | | | | |
| 14 | E | Employee's SSN | | | | |
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| Employee's name, address, and ZIP code | | | | | | |
| 15 St. Employer's state ID number | 16 St | ate wages, tips | , etc. | 17 State income tax | | |
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| 18 Local wages, tips, etc. | 19 Lo | 19 Local income tax | | 20 Locality name | | |
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Wage and Tax Statement Copy 2

Form W-2 2018

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

Q-Nontaxable combat pay. See the instructions for Form 1040 for details on reporting RI-Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

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, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatulory stock options(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cateferia) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (H\$As).

V—Deferrals under a section 409A nonqualified deferred compensation plan that fails to satisfy section 409A. This amount also is included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

A—Designated Roth contributions under a section 401(k) plan BB—Designated Roth contributions under a section 401(k) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

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-evenitor organization section 457(b) plan. This amount does not apply to contributions out under a tax-evenitor organization section 457(b) plan. This amount does not apply to contributions to under section 83(i).

FF—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified equity grants under section 83(i).

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year Box 1.8. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional if AR contributions you may deduct. See Pub. 599-A, Contributions to individual Retirement Arrangements (IRAs).

Box 1.4. Employers may use this box to report information such as state disability insurance bases withfield, union dues, uniform payments, health insurance premiums insurance premiums are clarged and the second of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (FRTA) compensation. Tier 1 tax, Tier 2 tax, Medicare tax and Additional (RITIA) compensation. Note: Keep Copy C of Form W-2 for at least 3 wars after the due date for filling taxes.

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.

Notice to Employee

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 don't 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.

box 2 shows an amount or if you are eligible for an efund it box 2 shows an amount or if you are eligible for an eredult.
Earned income credit (EIC). You may be able to take the EIC for 2018 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 can't take is earned for services provided while you were an immate at a penal institution. For 2018 is earned for services provided while you were an immate at a penal institution. For 2018 cincome limits and more information, visit www.ins. gov/EITC. Also see Pub. 598, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B. C. and 2 and as Corrections.

Religious Workers.

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 your employment or the correct and the sure of the sure

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.

Taxable. Credit for excess taxes. If you had more than one employer in 2018 and more than \$7,90.00 in social security and of Teri 1 ratinoal retirement (RFTA) taxes were withheld more than one ratinoad employer and more than \$4,674.00 in Ter 2 RFTA tax was with you also may be able to claim a credit. See your Form 1040 instructions and Pub. 505, Withholding and Estimated Tax.