22222	a Employee's social security number	OMB No. 154	5-0008				
<b>b</b> Employer identification number (EIN)			<b>1</b> Wa	ges, tips, other compensat	ion :	2 Federal inc	come tax withheld
c Employer's name, address, and	ZIP code		<b>3</b> Soc	cial security wages	•	4 Social secu	ırity tax withheld
			<b>5</b> Me	dicare wages and tips	(	<b>6</b> Medicare t	ax withheld
				cial security tips		8 Allocated t	ips
<b>d</b> Control number			9		1	<b>0</b> Dependen	t care benefits
e Employee's first name and initia	Last name	Suff.		qualified plans	o d e	2a 	
			13 Statu empl	oyee plan Sick p	party ay 1 C	2b	
			<b>14</b> Othe	r	1. C od e	2c	
					1 C od e	2d	
<b>f</b> Employee's address and ZIP cod	e						
15 State Employer's state ID nur	<b>16</b> State wages, tips, etc.	17 State incon	ne tax	<b>18</b> Local wages, tips, etc	. 19	Local income t	ax 20 Locality name

## Form W-2 Wage and Tax Statement

Copy 1—For State, City, or Local Tax Department

Department of the Treasury—Internal Revenue Service

a Employe	ee's social security number	OMB No. 1545	-0008	Safe, accurate, FAST! Use		e IRS website at s.gov/efile
<b>b</b> Employer identification number (EIN)			<b>1</b> Wa	ages, tips, other compensation	2 Federal income to	ax withheld
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withheld			x withheld
			5 M	edicare wages and tips	6 Medicare tax with	nheld
			<b>7</b> Sc	cial security tips	8 Allocated tips	
<b>d</b> Control number			9		10 Dependent care	benefits
e Employee's first name and initial Last name	me	Suff.	<b>11</b> N	onqualified plans	12a See instructions	for box 12
			13 Sta	tutory Retirement Third-party ployee plan sick pay	12b	
			<b>14</b> Ot	her	12c	
					12d	
<b>f</b> Employee's address and ZIP code						
15 State Employer's state ID number	<b>16</b> State wages, tips, etc.	17 State incon	ne tax	<b>18</b> Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement

Department of the Treasury—Internal Revenue Service

	<b>a</b> Employee's social security number	OMB No. 1545	5-0008	This information is being furnis are required to file a tax return may be imposed on you if this	shed to the Internal Rever of a negligence penalty or income is taxable and you	nue Service. If you other sanction I fail to report it.
<b>b</b> Employer identification number (EIN)			<b>1</b> Wa	ages, tips, other compensation 2 Federal income tax withhouse		
<b>c</b> Employer's name, address, and Z	IP code		<b>3</b> Soc	cial security wages	4 Social security ta	x withheld
			<b>5</b> Me	dicare wages and tips	6 Medicare tax with	nheld
			<b>7</b> Soc	cial security tips	8 Allocated tips	
<b>d</b> Control number			9		10 Dependent care	benefits
e Employee's first name and initial	Last name	Suff.		nqualified plans	12a See instructions	for box 12
			13 Statu	utory Retirement Third-party loyee plan sick pay	12b	
			<b>14</b> Oth	ner	12c	
					12d	
<b>f</b> Employee's address and ZIP code						
<b>15</b> State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incom	ne tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	20 Locality name
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Wage and Tax Statement

**Copy C—For EMPLOYEE'S RECORDS (See** Notice to Employee **on the back of Copy B.)** 

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



	a Employee's social security number					
		OMB No. 1545	5-0008			
<b>b</b> Employer identification number (EIN)			Wages, tips, other compensation Federal income tax withh			
c Employer's name, address, and 2	ZIP code		<b>3</b> Soc	ial security wages	4 Socia	al security tax withheld
			<b>5</b> Me	dicare wages and tips	6 Medi	care tax withheld
			<b>7</b> Soc	cial security tips	8 Alloc	ated tips
<b>d</b> Control number			9		<b>10</b> Dep	endent care benefits
e Employee's first name and initial	Last name	Suff.		nqualified plans	<b>12a</b> C 0 d e	
			13 Statu	itory Retirement Third-party oyee plan sick pay	<b>12b</b> C 0 d e	
			<b>14</b> Oth	er	<b>12c</b> C 0 d e	
					<b>12d</b> C 0 d e	
<b>f</b> Employee's address and ZIP code						
15 State Employer's state ID num	<b>16</b> State wages, tips, etc.	17 State incom	ne tax	<b>18</b> Local wages, tips, etc.	19 Local inc	come tax 20 Locality na

## Notice to Employee 2019 W-2 Information

**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.

\* IRS Free File is available for individuals with Adjusted Gross Income of less than a specified amount. Visit www.IRS.Gov/freefile for 2019 income limits and prepare and file your taxes the fast, safe and free way.

The following information is provided to help you understand the entries on your 2019 Form W-2. Your final authority in tax matters should always be the Internal Revenue Service (IRS) and the appropriate state and local taxing authorities. You can get instructions and publications from your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676) for all topics addressed herein.

All employees who received compensation for wages earned anytime between December 23, 2018 (Pay Period 1901) through December 21, 2019 (Pay Period 1926), will be issued a 2019 Form W-2. The Employer's Name on your Form W-2 (1st Line of Block C) identifies the agency in which you worked (e.g. Department of the Interior, Department of Transportation, etc.) rather than your individual bureau or office (e.g. Bureau of Land Management, Federal Highway Administration, etc.). If you worked for more than one agency in 2019, you will receive a Form W-2 for each agency. If you converted to the Federal Personnel Payroll System (FPPS) sometime in 2019, you will also receive a Form W-2 from your previous payroll provider. In addition, you will receive more than one Form W-2 if you have wages and/or taxes for more than three states or three localities; however, your federal wages/taxes will appear on only one of these Form(s) W-2. Wages for Non-Taxing states will not be reported on Form W2s.

**Earned income credit (EIC).** You may be able to take the EIC for 2019 if your adjusted gross income 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. You cannot take the EIC if your investment income is more than the specified amount for 2019. For 2019 income limits and more information, visit <a href="https://www.irs.gov/EITC">www.irs.gov/EITC</a>. Also see Pub. 596 - Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.** 

**Corrections.** Questions concerning your 2019 Form W-2 should be directed to the Agency's Payroll Contact or the Customer Support Center at (303) 969-7732 option 1 or (888) 367-1622 option 3 then 1.

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.

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 2019 and more than \$8,239.80 in social security withheld, you may be able to claim a credit for the excess against your federal income tax. See your Form 1040 instructions and Pub. 505, Tax Withholding and Estimated Tax. If the total of your social security tax exceeded \$8,239.80 on one or more Form(s) W-2 issued by EIN 84-1024566, contact the Customer Support Center at (303) 969-7732 option 1 or (888) 367-1622 option 3 then 1, for a refund.

**IMPORTANT FOR EMPLOYEES WHO FILE THEIR TAX RETURNS ELECTRONICALLY:** The Internal Revenue Service uses the term "employer" to identify the office **issuing** your Form W-2. In this capacity, when filing electronically, you must identify your employer as "Department of the Interior" for the earnings on Form W-2. This applies even if you work for another agency such as Department of Education.

Questions concerning your 2019 Form W-2 should be directed to your Agency's Payroll Contact or to the Customer Support Center at (303) 969-7732 or (888) 367-1622 option 3 then 1.

## **Instructions for Employee**

- **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 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 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). This amount is the sum of Non-Taxable Child Care Subsidy and Flexible Spending Account Dependent Care amounts. Any amount that is over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.
- **Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (code D) and designated Roth contributions (codes AA and EE) under all plans are generally limited to a total of \$19,000 (\$13,000 if you only have SIMPLE plans; \$22,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). If you were at least age 50 in 2019, your employer may have allowed an additional deferral of up to \$6,000. 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 instructions for Form 1040.

**Note.** If a year follows code D, AA, 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.

**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.

**G**—Elective deferrals and employer contributions (including non-elective deferrals) to a section 457(b) deferred compensation plan

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

**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, Health Savings Accounts (HSAs).

**AA**—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.** 

**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, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box for information reporting. The following list explains the codes shown in box 14. You may need this information to complete your tax return.

- 1 Non-Taxable Quarters Deductions
- 2 Flexible Spending Account Health Care Pretax
- 3 Flex Fund Health (Overseas Private Investment Corporation and Presidio Trust employees only)
- 4 Transportation Fringe Benefit
- 5 Transportation Non-Taxed
- 6 Pretax Benefits such as Health, Dental, and/or Vision
- 7 Occupational Privilege Tax
- 8 Estimated Local Tax
- 9 Ameritus Dental/Vision
- 10 State Transit Tax
- 11 State Transit Wage

COLA - Employee residing in Puerto Rico and was paid a Non-Foreign Allowance. This Cost-of-Living Allowance (COLA) is not included in taxable wages.

**Box 20.** For Pennsylvania Localities, excluding the City and County of Philadelphia, the Locality Name will reflect `21', which represents the tax collector where your tax payments were made.

**Note:** Wages for Non-Taxing states will not be reported on W2s.

**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.