

Understanding Your Pay and Form W-2





Table of Contents

- 3 Welcome to Understanding Your Pay
- 3 How is My Pay Calculated?
 - **3** Gross Wages
 - 4 Pre-Tax Deductions
 - 4 Income Taxes
 - 5 **Employment Taxes**
 - **5 Post-Tax Deductions**
 - **5 University Contributions**
- **6 Understanding Your Paystub**
- 8 Understanding Your W-2
- 10 Form W-4 (Employee's Withholding Allowance Certificate)
- 13 Appendices
 - 13 Appendix A Earnings Codes
 - 13 Appendix B Deduction Codes for Pre-Tax Items
 - 14 Appendix C Deduction Codes for Post-Tax Items
 - 14 Appendix D University Contributions
 - 14 Appendix E Box 12 Codes
 - 15 Appendix F Box 14 Codes
 - 15 Appendix G Non-Cash Taxable Benefits

Welcome to Understanding Your Pay

This document is a tool designed to help you better understand your pay and the various tax forms related to pay. Most people think of their pay in terms of the amount that is deposited into their bank account each pay day. However, there are a number of factors that go into calculating net pay. We hope this document is a useful resource to understanding all elements of your pay.

How is My Pay Calculated?

Gross Wages (page 3)

- + Imputed Income (page 3)
- Pre-tax Deductions (page 4)
- = Taxable Wages
- Income and Employment Taxes (pages 4 & 5)
- Post-tax Deductions (page 5)
- Net Pay

Gross Wages

Gross wages are made up of two components: cash and non-cash. Both are types of wages counted for federal, state, Social Security, and Medicare earnings prior to taxes being calculated.

Cash wages consist of pay for time worked, pay for time not worked (such as sick, vacation, and holiday), overtime premiums, shift premiums, and bonuses.

Non-cash wages (imputed income) are fringe benefits provided by GW in a form other than cash. Some examples are: cost of life insurance over \$50,000, prizes and awards, employer-paid tuition, and taxable moving expenses.

- ▶ See Appendix A for a list of commonly used cash wages.
- ▶ See Appendix G for a list of commonly used non-cash wages.

Pre-Tax Deductions

Pre-tax deductions reduce your gross income prior to your federal and state taxes being calculated. Examples of pre-tax deductions are medical premiums, flexible spending account deductions, transit benefits, and employee retirement plan contributions.

With the exception of retirement plan contributions, the above pre-tax deductions reduce the taxable wages used to calculate Social Security and Medicare taxes.

For example: John Smith earned \$2,500.00 this pay period. He has pre-tax deductions of \$47.54 for medical premiums.

With pre-tax of	deduction	Without pre-t	ax deduction
\$2,500.00	Gross Wages	\$2,500.00	Gross Wages
(47.54)	Medical Premium		No Pre-tax Deduction
\$2,452.46	Taxable Earnings	\$2,500.00	Taxable Earnings

▶ See Appendix B for a list of commonly used pre-tax deductions.

Income Taxes

Every employer that pays wages is required to withhold federal income taxes from those wages according to tables established by the Internal Revenue Service (IRS). In addition to federal tax, you are likely obligated to pay state tax.

Federal withholding is the amount of money you are required to pay to the federal government based on your income level. The tax amount withheld is calculated based on your taxable wages and the number of allowances you elect on your Form W-4 (Employee's Withholding Allowance Certificate). If a completed Form W-4 is not provided, taxes will be withheld at the tax rate of single with no allowances as required by the IRS. Some payments such as a bonus are considered supplemental wages and are taxed at a flat rate, currently 25%.

State withholding tax is the amount of money you are required to pay to the state where you work or live. Each state has its own tax laws in regard to income tax withholding. For the states that do withhold taxes, you are required to complete a state withholding form. DC employers are required to withhold DC income tax if no state tax form or a Form D-4A (Certificate of Nonresidence in the District of Columbia) is provided.

Employment Taxes

Employment taxes are Social Security and Medicare taxes, also called FICA (Federal Insurance Contributions Act) taxes. Currently, the Social Security tax rate is 6.2% of the first \$118,500 of earnings. The Medicare tax rate is 1.45% of earnings up to \$200,000, and the rate increases to 2.35% of earnings greater than \$200,000.

Employment taxes are required for all U.S. citizens, resident aliens, and some non-U.S. citizens. Under certain circumstances, student employees working in non-benefited jobs at the university are exempt from employment taxes if they maintain a full-time or part-time student status.

Post-Tax Deductions

Post-tax deductions do not affect the amount of income that is used to determine your federal and state withholding taxes. There are two types of post-tax deductions: voluntary and involuntary.

Voluntary deductions are those deductions that you have elected to be withheld from your pay, such as Roth 403(b), union dues, and premiums for supplemental life insurance.

Involuntary deductions are those which neither you nor GW have control over. They are usually required as a result of an order issued by a court or government agency. Examples of involuntary deductions are creditor garnishments, child support payments, and tax levies.

▶ See Appendix C for a list of commonly used post-tax deductions.

University Contributions

University contributions are benefits provided to employees that do not affect taxable wages. They are printed on your check stub for informational purposes only. Examples of university contributions are matching contributions to a retirement account, long-term disability insurance, and life insurance.

▶ See Appendix D for a list of commonly used university contributions.

Understanding Your Paystub

The sample paystub below represents pay for an employee paid bi-weekly.

THE GEORGE WASHINGTON UNIVERSITY DEPOSIT NOTIFICATION WASHINGTON, D.C. 20052

PHONE: 571-553-4277 FAX: 571-553-4406

DOCUMENT NO: DEPOSIT AMOUNT: DEPOSIT DATE: PERIOD BEGINNING: PERIOD ENDING:



20001011 \$ 924.63 December 21, 2012 November 25, 2012 December 08, 2012

BANK ACCT. TYPE BANK ACCT. NUMBER AMOUNT
Checking: XXXXX5698 924.63

DIRECT DEPOSIT NOTIFICATION

333333 DIR 20001011

Jane Doe 15 Anyplace Lane Silver Spring, MD 20903



 SSN:
 ******** XXX-XX-1111

 EXEMPTIONS:
 FED: 1
 STATE: 1

 TAX ADJ:
 FED: 0.00
 STATE: 0.00

 STATE CODE:
 MD

HOURS AND EARNINGS			NONCASH	NONCASH TAXABLE BENEFITS			UNIVERSITY CONTRIBUTIONS			
	CURRENT Y-T-D			CURRENT	Y-T-D		CURRENT	Y-T-D		
DESCRIPTION	HOURS	AMOUNT	HOURS	AMOUNT	DESCRIPTION	AMOUNT	AMOUNT	DESCRIPTION	AMOUNT	AMOUNT
Regular	80.00	\$1,988.00	1,711.50	\$42,530.78	50K+Ins	\$1.50	\$39.00	FICA Med	\$21.19	\$554.42
AnnualLv			180.50	\$4,485.42	TxblTuit	\$50.00	\$1,300.00	FICA Old	\$90.61	\$2,370.72
Sick Lve			100.00	\$2,485.00				RetMtch	\$119.28	\$3,101.28
Holiday			88.00	\$2,186.80				Ret Base	\$79.52	\$2,067.52
								Grp AD&D	\$.56	\$14.56
					_			GrpTrmLf	\$2.98	\$77.48
		(3)			(5)		LTD 8	\$12.27	\$319.02
	PR	RETAX ITEMS	5			TAXES		LEA'	VE BENEFIT	'S
DID: I		£4.00.00		¢0 (40 00	FIGA M. I	#04.40	¢554.40	Available leave		
PrkReimb RetDfrl		\$120.00 \$79.52		\$2,640.00 \$2,067.52	FICA Med FICA Old	\$21.19 \$61.38	\$554.42 \$1,605.94	reported on pay		nuy not
Dental		\$79.52 \$45.91		\$2,067.52	Fed Tax	\$61.38 \$156.22	\$1,605.94 \$4,097.72			
Medical		\$104.52		\$2,717.52	MD Tax	\$130.22	\$2,462.04			
SmarTrip		\$104.52		\$240.00	(6) \$75.76	\$2,402.04	(9)	
FlexHlth		\$173.08		\$4,500.08						
Flex Dep		\$134.62		\$3,500.12	AETEDT.	AX DEDUCT	IONS		UMMARY	
					AFILKIA	AN DEDUCI	10143	3	UWIWIAKT	
					UniverLife	\$20.77	\$540.02	GROSS	\$1,988.00	\$51,688.00
					Roth403b	\$49.70	\$1,292.20	PRETAX	\$657.65	\$16,858.90
					Parking	\$2.50	\$55.00	TXBL BNFT	\$51.50	\$1,339.00
								TXBL	\$1,381.85	\$36,168.10
								TAXES	\$332.75	\$8,720.12
								DEDUCTIONS	\$72.97	\$1,892.22
						\		NET PAY	\$924.63	\$24,216.76
		4				/		(10	ソ	

Paystub Explanation

- (1) Pay Information
 - Pay period beginning and end dates
 - Pay date
 - Net pay or take-home pay
- 2 Employee Information
 - Name
 - Address
 - Last four digits of Social Security Number
 - Number of allowances claimed on federal and state tax forms
 - State for which taxes are being withheld
- (3) Hours and Earnings
 - Description of earnings
 - Includes hours worked and reported time off, as well as the corresponding earnings for each
 - Both current pay period and year-to-date information
 - ▶ See Appendix A for commonly used codes.
- Pre-tax Items
 Deductions taken from gross earnings that reduce taxable income
 - See Appendix B for commonly used codes.
- Moncash Taxable Benefits

 Benefits provided to an employee in a form other than cash that is included in wages for tax purposes
 - ▶ See Appendix G for commonly used codes.
- Taxes
 Federal, state, and employment taxes withheld for both the current pay period and year-to-date

7 Post-tax Deductions

Deductions that reduce your net pay. They do not affect the amount of gross income that is used to determine your federal and state withholding taxes

- See Appendix C for commonly used codes.
- 8 University Contributions
 University's contributions to your benefits that do not affect your gross earnings or taxable wages
 - ▶ See Appendix D for commonly used codes.
- 9 Leave Benefits

Available leave benefits are currently not reported on the paystub

- (10) Summary
 - GROSS Current gross earnings (Section 3)
 - PRETAX Deductions taken from gross earnings that reduce taxable income (Section 4)
 - TXBL BNFT Benefits provided to an employee in a form other than cash that is included in wages for tax purposes (Section 5)
 - TXBL This amount is calculated by reducing your gross earnings by the pretax amount and adding taxable benefits
 - TAXES Federal, FICA, and state taxes withheld (Section 6)
 - DEDUCTIONS Post-tax deductions (Section 7)
 - NET PAY This amount is calculated by reducing the taxable earnings (TXBL) by taxes and post-tax deductions



Understanding Your W-2

Form W-2 reflects all taxable wages paid to you and taxes withheld from your pay during the calendar year. Taxable wages include your gross cash earnings plus any non-cash earnings (Appendix G, page 15) less your pre-tax deductions (Appendix B, page 13). Employers are required to annually issue this form no later than January 31st of the following year.

22222	a Employee's social security numb	oer OMB No. 1	545-0008				
b Employer identification number (EIN)			1 Wa	ges, tips, other compensation	2 Federal income	2 Federal income tax withheld	
				36158.10)	4097.72	
c Employer's name, address, and	ZIP code		3 So	cial security wages	4 Social security t	ax withheld	
George Washington	University			38235.62	2	2370.60	
45155 Research Pl	-		5 Me	dicare wages and tips	6 Medicare tax wi	thheld	
Ashburn, VA 20147	•			38235.62	2	554.40	
ASIDULII, VA 20147			7 So	cial security tips	8 Allocated tips		
d Control number			9		10 Dependent care	benefits	
						3500.12	
John Doe 123 Main Street Silver Spring, MD f Employee's address and ZIP cod	le .	147.000	14 Oth	loyee plan sick pay X Sick pay ET 1300.00	12c		
15 State Employer's state ID num	9 . , .			18 Local wages, tips, etc.	19 Local income tax	20 Locality nan	
MD 02125311 W-2 Wage an Statemen	36158.1	201	<u> </u>	Department	of the Treasury—Interna	I Revenue Servic	

There are two methods for receiving your W-2: electronically or hardcopy. The information contained in either delivery format is consistent with the other. Following you will find explanations for each section of the W-2.

W-2 Explanation

- **Box a** Your Social Security Number Make sure this is correct. If not, contact Payroll Services.
- **Box b** The employer's taxpayer identification number.
- **Box c** The employer's name and address.
- **Box e** Your first and last name Make sure this is correct. If not, contact your Human Resource Client Partner for change(s).
- **Box f** Your address Make sure this is correct. If not, submit a new Form W-4 or update your address online through the GWeb Information System. If your state of residency changed, you should complete the appropriate state tax form to update your state information.
- **Box 1** Your taxable wages Taxable wages are different from gross wages. Taxable wages are your gross wages decreased by pre-tax items (Appendix B). Taxable wages are found on the sample paystub in Section 10, as code TXBL.
- **Box 2** The total amount of federal income tax withheld from your taxable wages.
- **Box 3** The total wages subject to Social Security tax. Social Security tax is applied only to a certain wage base. Wages paid beyond that amount are not taxable. For 2016 the Social Security wage base is \$118,500.
- **Box 4** The amount of Social Security tax withheld.
- **Box 5** The total wages subject to Medicare tax. Medicare taxes do not have a wage limit. It is equal to your taxable wages (Box 1) increased by the amount of your retirement deferral.
- **Box 6** The amount of Medicare tax withheld (1.45% up to \$200,000 and 2.35% over \$200,000).
- **Box 10** The amount of pre-tax deductions withheld through the Flexible Spending Account program for dependent care benefits.
- **Box 12** A letter code followed by an amount. The back of the paper W-2 explains what the codes represent. See Appendix E for commonly used codes.
- **Box 14** A letter code followed by an amount. See Appendix F for commonly used codes.
- **Box 15** The state(s) for which taxes were withheld and the employer's ID number.
- **Box 16** Wages subject to state taxes.
- **Box 17** The amount of state tax withheld.

Form W-4 (Employee's Withholding Allowance Certificate)

Information contained in your completed Form W-4 is used to calculate the correct amount of federal income tax to be withheld from your wages. The form is designed to tell the employer the number of allowances you are claiming (Box 5), your marital status (Box 3), and any additional amount you wish to have withheld (Box 6). These are three key components in calculating your withholding.

Newly hired employees should complete a Form W-4 prior to their first pay to ensure proper withholding. After that time, you are responsible for submitting a new form whenever there is a change in the number of withholding allowances you are entitled to claim. The employer has up to 30 days to update W-4 changes.

The Form W-4 also includes worksheets to help in determining the number of allowances you should be claiming. Completing the worksheets will help ensure the correct amount of tax is withheld each pay period. Your goal should be not to owe a large sum or receive a large refund each year. It is your responsibility to have the proper amount of taxes withheld from your pay. Payroll Services and the Tax Department do not provide personal tax advice to employees. You should seek advice from a tax accountant if help is needed to determine the proper withholding.

Following is a sample of a Form W-4.

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- · Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

your withindians on Form w-4 or w-4-r w-4-

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4

		l Allowances Work		or your rooordo.,			
A	Enter "1" for yourself if no one else can		nt			A _	
	You are single and har				1		
В	Enter "1" if: You are married, have					B _	
_	Your wages from a sec						
С	Enter "1" for your spouse. But, you may		•		• .		
	than one job. (Entering "-0-" may help yo	· ·	,			· · · с _	
D	Enter number of dependents (other than		, •	•		_	
E	Enter "1" if you will file as head of house	•	•		,	_	
F	Enter "1" if you have at least \$2,000 of cl	•	•	, ,		F ₋	
	(Note. Do not include child support payn		•		,		
G	Child Tax Credit (including additional ch	,					
	• If your total income will be less than \$6		**	•	then less "1" i	f you	
	have two to four eligible children or less	=	-			_	
	 If your total income will be between \$65,000 			**	•	_	
Н	Add lines A through G and enter total here. (I	Note. This may be differen	t from the number	of exemptions you cla	aim on your tax	return.) F H	
		or claim adjustments to	income and war	nt to reduce your with	holding, see th	e Deductions	
		, ,	h or are married	and you and your s	nouse both w	ork and the co	mhinar
 If you are single and have more than one job or are married earnings from all jobs exceed \$50,000 (\$20,000 if married), see the second s							
	that apply. avoid having too little to	ax withheld.					-
	 If neither of the abov 	e situations annlies eton	here and enter th	e number from line H	on line 5 of Fo	rm W-4 helow	
	Separate here and	give Form W-4 to your	employer. Keep t	he top part for your	records		
	Separate here and Employe Ment of the Treasury Whether you are ent		employer. Keep to g Allowan lber of allowances	he top part for your Ce Certificat or exemption from with	records		-0074 5
	Separate here and Employe ment of the Treasury Whether you are ent	give Form W-4 to your o	employer. Keep to g Allowan lber of allowances	he top part for your Ce Certificat or exemption from with	records Ce Cholding is to the IRS.		5
	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial	give Form W-4 to your of the Carlo See's Withholding its of the Carlo See See See See See See See See See Se	employer. Keep to	the top part for your CE Certificat or exemption from with d a copy of this form to	records Ce Cholding is of the IRS. 2 Your social	OMB No. 1545	5
	Separate here and Employe ment of the Treasury I Revenue Service Separate here and Employe whether you are ent subject to review by the subje	give Form W-4 to your of the Carlo See's Withholding its of the Carlo See See See See See See See See See Se	employer. Keep to g Allowan ther of allowances be required to sen	the top part for your CE CERTIFICAT OF EXEMPTION FROM WITH DESTRUCTORY OF THE TOP	records Ce Cholding is the IRS. 2 Your socia	OMB No. 1545 201	5
	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route	give Form W-4 to your of the Carlo See's Withholding its of the Carlo See See See See See See See See See Se	employer. Keep to g Allowan ther of allowances the required to sen 3 Single Note. If married, b	the top part for your CE CERTIFICAT Or exemption from with d a copy of this form to Married Married Marriut legally separated, or spoin	cholding is the IRS. 2 Your social ed, but withhold use is a nonresident	OMB No. 1545 201	te.
	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial	give Form W-4 to your of the Carlo See's Withholding its of the Carlo See See See See See See See See See Se	employer. Keep to g Allowan there of allowances to be required to sen 3 Single Note. If married, b	the top part for your CE CERTIFICAT Or exemption from with d a copy of this form to a copy of this form that see the copy of the copy of this form that see the copy of the copy	records the control of the IRS. 2 Your social ed, but withhold use is a nonresident hown on your so	OMB No. 1545 201. I security number at higher Single ra alien, check the "Single cial security care	te.
nterna 1	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code	give Form W-4 to your of the Person Withholding titled to claim a certain nun the IRS. Your employer may Last name	amployer. Keep to g Allowan ther of allowances the required to sen 3 Single Note. If married, b 4 If your last n check here.	ce Certificat or exemption from with d a copy of this form to Married Marri ut legally separated, or spot ame differs from that s You must call 1-800-7	cholding is the IRS. 2 Your social ed, but withhold use is a nonresident shown on your so 72-1213 for a resident to the interest of the inter	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Sin ocial security care placement card.	te.
nterna 1	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code	give Form W-4 to your of the Person Withholding titled to claim a certain man he IRS. Your employer may Last name	amployer. Keep to g Allowan ber of allowances be required to sen 3 Single Note. If married, b 4 If your last n check here.	ce Certificat or exemption from with d a copy of this form to Married Marri ut legally separated, or spot ame differs from that s You must call 1-800-7	cholding is the IRS. 2 Your social ed, but withhold use is a nonresident shown on your so 72-1213 for a resident to the interest of the inter	OMB No. 1545 OMB No. 1545 Security number at higher Single ra alien, check the "Sin cocial security car eplacement card.	te.
1 5 6	Separate here and W-4 Employe Whether you are ent subject to review by to review	give Form W-4 to your of the S Withholding with the IRS. Your employer may be Last name a) Last name a) Liming (from line H above the IRS)	amployer. Keep to g Allowan ther of allowances be required to sen as a Single Note. If married, but the sen are cor from the appace.	the top part for your CE Certificat or exemption from with d a copy of this form to the decision of the deci	records te holding is the IRS. 2 Your social ed, but withhold use is a nonresident hown on your so 72-1213 for a re in page 2)	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Single card. ocial security care placement card. 5 6 \$	te.
nterna 1	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code Total number of allowances you are cla Additional amount, if any, you want wit I claim exemption from withholding for	give Form W-4 to your of the S Withholding with the IRS. Your employer may be Last name Last name a) Liming (from line H above the IRS) and I certify that	amployer. Keep to g Allowan ther of allowances be required to sen as a single Note. If married, but the sen are the cor from the appace. If your last notes the cor from the appace or from the appace. If your last notes here.	he top part for your CE Certificat or exemption from with d a copy of this form to the decision of the decis	records te holding is the IRS. 2 Your social ed, but withhold use is a nonresident hown on your so 72-1213 for a rein page 2) ns for exempti	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Single card. ocial security care placement card. 5 6 \$	te.
1 5 6	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code Total number of allowances you are cla Additional amount, if any, you want wit I claim exemption from withholding for Last year I had a right to a refund of a	give Form W-4 to your of the S Withholding with the IRS. Your employer may be a summer of the IRS with the IR	amployer. Keep to g Allowan there of allowances be required to sen as a Single Note. If married, but the cor from the appace. The cor from the appace or from the appace of the cor from the appace.	me top part for your CE Certificat or exemption from with d a copy of this form to Married Marri ut legally separated, or spon ame differs from that s You must call 1-800-7 blicable worksheet comes e following condition had no tax liability,	records te sholding is of the IRS. 2 Your social ed, but withhold use is a nonresident shown on your serection page 2)	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Single card. ocial security care placement card. 5 6 \$	te.
1 5 6	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code Total number of allowances you are cla Additional amount, if any, you want wit I claim exemption from withholding for Last year I had a right to a refund of a This year I expect a refund of all feder	give Form W-4 to your of the S Withholding with the IRS. Your employer may be a summer of the IRS with the IR	amployer. Keep to g Allowan there of allowances be required to sen a single Note. If married, but the control of the control o	me top part for your CE Certificat or exemption from with d a copy of this form to Married Marri ut legally separated, or spon ame differs from that s You must call 1-800-7 blicable worksheet come in the following condition had no tax liability, t to have no tax liab	records te holding is the IRS. 2 Your social ed, but withhold use is a nonresident hown on your so 72-1213 for a re on page 2) ns for exempticand ility.	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Single card. ocial security care placement card. 5 6 \$	te.
1 5 6 7	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code Total number of allowances you are cla Additional amount, if any, you want wit I claim exemption from withholding for Last year I had a right to a refund of a This year I expect a refund of all fede If you meet both conditions, write "Exe	give Form W-4 to your of the S Withholdin witted to claim a certain number IRS. Your employer may be a last name be a last nam	amployer. Keep to g Allowan there of allowances be required to sen some some some some some some some some	me top part for your CE Certificat or exemption from with d a copy of this form to Married Married to legally separated, or spontame differs from that separated worksheet control in the control in t	records te sholding is of the IRS. 2 Your social ed, but withhold use is a nonresident shown on your sore and page 2)	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Sin cocial security car eplacement card. 5 6 \$ DOD.	te. gle" box d,
1 5 6 7	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code Total number of allowances you are cla Additional amount, if any, you want wit I claim exemption from withholding for Last year I had a right to a refund of a This year I expect a refund of all fede If you meet both conditions, write "Exe or penalties of perjury, I declare that I have ex- loyee's signature	give Form W-4 to your of the S Withholdin witted to claim a certain number IRS. Your employer may be a last name be a last nam	amployer. Keep to g Allowan there of allowances be required to sen some some some some some some some some	me top part for your CE Certificat or exemption from with d a copy of this form to Married Married to legally separated, or spontame differs from that separated worksheet control in the control in t	records te sholding is of the IRS. 2 Your social ed, but withhold use is a nonresident shown on your social records	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Sin cocial security car eplacement card. 5 6 \$ DOD.	te. ggle" box. d,
1 5 6 7 Unde	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code Total number of allowances you are cla Additional amount, if any, you want wit I claim exemption from withholding for Last year I had a right to a refund of a This year I expect a refund of all fede If you meet both conditions, write "Exe or penalties of perjury, I declare that I have ex- loyee's signature form is not valid unless you sign it.)	give Form W-4 to your of the S Withholding with the IRS. Your employer may be a summer of the IRS. Your employer m	amployer. Keep the g Allowan aber of allowances be required to sen a single Note. If married, but the second of the theological content of the theological content of the second of the theological content of the second of the s	me top part for your CE Certificat or exemption from with d a copy of this form to Married Marri ut legally separated, or spon ame differs from that s You must call 1-800-7 blicable worksheet companies to the companies of	records te sholding is of the IRS. 2 Your social ed, but withhold use is a nonresident shown on your sore. 72-1213 for a rein page 2)	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Sin cocial security car eplacement card. 5 6 \$ on.	tte. gle" box. d, Discrete the control of the cont
1 5 6 7	Separate here and W-4 ment of the Treasury I Revenue Service Your first name and middle initial Home address (number and street or rural route City or town, state, and ZIP code Total number of allowances you are cla Additional amount, if any, you want wit I claim exemption from withholding for Last year I had a right to a refund of a This year I expect a refund of all fede If you meet both conditions, write "Exe or penalties of perjury, I declare that I have ex- loyee's signature	give Form W-4 to your of the S Withholding with the IRS. Your employer may be a summer of the IRS. Your employer m	amployer. Keep the g Allowan aber of allowances be required to sen a single Note. If married, but the second of the theological content of the theological content of the second of the theological content of the second of the s	me top part for your CE Certificat or exemption from with d a copy of this form to Married Married to legally separated, or spontame differs from that separated worksheet control in the control in t	records te sholding is of the IRS. 2 Your social ed, but withhold use is a nonresident shown on your sore. 72-1213 for a rein page 2)	OMB No. 1545 OMB No. 1545 OMB No. 1545 I security number at higher Single ra alien, check the "Sin cocial security car eplacement card. 5 6 \$ DOD.	tte. dd,

Form W	-4 (2015)								Page
. 51111 VV	7 (2010)		Deduct	ions and A	djustments Works	heet			rage
Note	. Use this worl	ksheet <i>only</i> if			claim certain credits or		to income.		
1	Enter an estimat and local taxes, income, and mis and you are mar head of househo	te of your 2015 it medical expense scellaneous deduried filing jointly cold or a qualifying 12,600 if marr	temized deductions. These es in excess of 10% (7.5% ctions. For 2015, you may or are a qualifying widow(er); or \$154,950 if yirled filling jointly or qu	include qualifyir if either you o have to reduce ; \$284,050 if you ou are married fill	ng home mortgage interest, or r your spouse was born bef your itemized deductions if y are head of household; \$258 ing separately. See Pub. 505	charitable contribore January 2, 1 your income is over 3,250 if you are si	utions, state 951) of your ver \$309,900 ngle and not 	\$	
2	I .	•	of household or married filing sepa	arately	}		2	\$	
3	Subtract line	2 from line 1	. If zero or less, enter	"-0-"			3	\$	
4					additional standard dec			\$	
5	Add lines 3	and 4 and e	nter the total. (Includ	le any amoui	nt for credits from the	Converting	Credits to	\$	
6	_				· ·			\$	
7		•	•	•	vidends or interest) .			\$	
8								Φ	
_			•		ere. Drop any fraction			-	
9					t, line H, page 1			-	
10			•	•	the Two-Earners/Mul d enter this total on Fo	•	•		
					t (See Two earners of			١	
Note					ige 1 direct you here.	or munipie j	obs on page 1.	.)	
1					ed the Deductions and A	diustments W	orksheet) 1		
2			. • .		EST paying job and en	•	,		
_					ing job are \$65,000 or				
	•	٠.	,						
3					om line 1. Enter the re		_		
			•		of this worksheet	,			
Note	. If line 1 is les	s than line 2,	enter "-0-" on Form	W-4, line 5, p	age 1. Complete lines	4 through 9 b	-		
		,	olding amount necess	, , , ,		3.5			
4	Enter the nur	nber from line	2 of this worksheet			4			
5			e 1 of this worksheet			5			
6							6		
7					ST paying job and ente			\$	
8					additional annual withh			\$	
9		,			or example, divide by 25	0		<u> </u>	
_		,	1 7 1	0	nere are 25 pay periods	, ,	•		
	•	•		•	ional amount to be withh	•		\$	
		Tab	ole 1			Та	ble 2	-	
	Married Filing	Jointly	All Other	s	Married Filing	Jointly	All	Othe	rs
	s from LOWEST job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGI paying job are—	HEST	Enter on line 7 above
6,0 13,0 24,0 26,0 34,0 44,0 50,0	\$0 - \$6,000 \$01 - 13,000 \$001 - 13,000 \$001 - 24,000 \$001 - 26,000 \$001 - 34,000 \$001 - 50,000 \$001 - 65,000 \$001 - 75,000	0 1 2 3 4 5 6 7 8	\$0 - \$8,000 8,001 - 17,000 17,001 - 26,000 26,001 - 34,000 34,001 - 44,000 44,001 - 75,000 75,001 - 85,000 85,001 - 110,000 110,001 - 125,000	0 1 2 3 4 5 6 7 8	\$0 - \$75,000 75,001 - 135,000 135,001 - 205,000 205,001 - 360,000 360,001 - 405,000 405,001 and over	\$600 1,000 1,120 1,320 1,400 1,580	\$0 - \$38 38,001 - 83 83,001 - 180 180,001 - 395 395,001 and ov	,000 ,000 ,000	\$600 1,000 1,120 1,320 1,580

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

140,001 and over

10

10 11

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

80,001 - 100,000 100,001 - 115,000

115,001 - 130,000 130,001 - 140,000 140,001 - 150,000 150,001 and over

Appendices

The Appendices contain the most commonly used codes and how they appear on your GW pay statement. If you have a question regarding any code that is not contained herein, please contact GW Payroll Services.

Appendix A – Ear	nings Codes
AnnualLv	Annual Leave Pay
Bonus	Bonus Pay – No Benefits
Brvement	Bereavement Leave Pay
DeferPay	Deferred Faculty Regular Payout
Fac Temp	Faculty – Temporary Appointment
Holiday	Holiday Taken Pay
JuryDuty	Jury Duty Pay
Overtime	Overtime Hours Worked Pay
Regular	Regular Pay
RetroReg	Retroactive Regular Pay
Severnce	Severance Pay
Shft1Prm	Shift 1 Premium Pay
Shft2Prm	Shift 2 Premium Pay
Sick Lve	Sick Leave Pay
SummrSal	Summer Salary
WkendPrm	Weekend Premium Pay

Appendix B – Deduction Codes for Pre-Tax Items

Vision Vision Care Insurance

Appendix C – De	duction Codes for Post-Tax Items
CourtSpc	Court-Ordered Garnishment
FedLevy\$	Federal Income Tax Levy
Garnish\$	Garnishment – Dollar Amount
MD Levy\$	MD Income Tax Levy
Parking	GW Parking Fees – Deduction (above the IRS limit)
Roth403b	Employee Contributions to Roth 403(b) Plan
STD	Short-Term Disability
UnionDue	Union Dues
UniverLife	Supplemental Life Insurance
VA Levy\$	VA Income Tax Levy

Appendix D – Uni	versity Contributions
GrpTrmLf	Group Term Life Insurance
GTA AD&D	Group Accidental Death/Dismemberment Insurance
Ret Base	Retirement Employer Base Contribution
RetMtch	Retirement Employer Match Contribution
LTD	Long-Term Disability Insurance

Appendix E – Bo	x 12 Codes
С	Taxable Cost of Life Insurance over \$50,000
Е	Employee Retirement Contribution 403(b) (Fidelity, Vanguard & TIAA-CREF)
G	Section 457(b) Employee Contributions
P	Non-Taxable Moving Expenses not Included in Box 1
ВВ	Employee Contributions to Roth 403(b) Plan
DD	Cost of Employer-Sponsored Health Coverage

Appendix F – Box 14 Codes			
MVX	Taxable Moving Expenses		
TUI	Employer-Paid Tuition		

Appendix G – No	n-Cash Taxable Benefits
50K+ Ins	Taxable Life Insurance over \$50,000
Prz&Awds	Taxable Prizes & Awards
TxblTuit	Employer-Paid Tuition
TxMoveEx	Taxable Moving Expenses



