The background features a large white semi-circle in the center. To the left of this circle is a solid brown rectangular area. To the right is a solid orange rectangular area. Below the white semi-circle is a wide, curved green shape that fills the bottom of the frame. The text is centered within the white semi-circle.

# How to read your W-2's and paycheck

## W-2 Form

### What is a W-2 form used for?

A [W-2 form](#) is used to record an employee's annual income and the amount of taxes withheld by their employer. It offers thorough details on pay, tips, and other benefits. Employees utilize it to file their tax forms and verify that their income and taxes are reported accurately. The form is required for calculating taxes payable or determining if a refund is due.

# What is on the W-2

22222		VOID <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
			5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
			7 Social security tips		8 Allocated tips	
d Control number 3312344			9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith	Suff. Jr	11 Nonqualified plans		12a See instructions for box 12
691 Linden Ave Anycity, US 00001			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
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

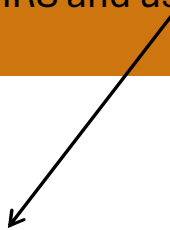
**Box a**

Reports your Social Security Number. An incorrect SSN can delay the processing of your tax return.

22222		VOID <input type="checkbox"/>	<b>a</b> Employee's social security number 123-45-6789		<b>For Official Use Only</b> OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN) 31-145201			<b>1</b> Wages, tips, other compensation \$47,000.00		<b>2</b> Federal income tax withheld 3935.75	
<b>c</b> Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			<b>3</b> Social security wages \$50,000.00		<b>4</b> Social security tax withheld 1877.05	
			<b>5</b> Medicare wages and tips \$50,000.00		<b>6</b> Medicare tax withheld 438.99	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number 3312344			<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial Thomas A		Last name Smith	Suff. Jr	<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12
<b>f</b> Employee's address and ZIP code 691 Linden Ave Anycity, US 00001			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>	
			<b>14</b> Other		<b>12c</b>	
					<b>12d</b>	
<b>15</b> State Employer's state ID number			<b>16</b> State wages, tips, etc.		<b>17</b> State income tax	
			<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	
					<b>20</b> Locality name	

# Box b

Your Employer's EIN (Employer Identification Number) is reported in box b. An EIN is a nine-digit number assigned to your employer by the IRS and used to identify the tax accounts of employers.



22222 VOID		Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0046	
b Employer identification number (EIN) 31-145201		1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534		3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
		5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
		7 Social security tips		8 Allocated tips	
d Control number 3312344		9		10 Dependent care benefits	
e Employee's first name and initial Thomas A.		Last name Smith		11 Nonqualified plans	
f Employee's address and ZIP code 691 Linden Ave Anycity, US 00001		13 Sick leave 14 Other		15a See instructions for box 12	

# Box c

Reports the legal address of your employer. This may or may not be the actual address of where you work, depending if your employer has multiple office/site locations.

22222		VOID <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
			5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
			7 Social security tips		8 Allocated tips	
d Control number 3312344			9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith	Suff. Jr	11 Nonqualified plans		12a See instructions for box 12
691 Linden Ave AnyCity, US 00001				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
				14 Other		12c
						12d
f Employee's address and ZIP code						
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



### Box d

Reports the control number used by your employer's payroll department. This may or may not be blank.

22222		VOID <input type="checkbox"/>	<b>a Employee's social security number</b> 123-45-6789		<b>For Official Use Only</b> OMB No. 1545-0008	
<b>b Employer identification number (EIN)</b> 31-145201			<b>1 Wages, tips, other compensation</b> \$47,000.00		<b>2 Federal income tax withheld</b> 3935.75	
<b>c Employer's name, address, and ZIP code</b> Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			<b>3 Social security wages</b> \$50,000.00		<b>4 Social security tax withheld</b> 1877.05	
			<b>5 Medicare wages and tips</b> \$50,000.00		<b>6 Medicare tax withheld</b> 438.99	
			<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
<b>d Control number</b> 3312344			<b>9</b>		<b>10 Dependent care benefits</b>	
<b>e Employee's first name and initial</b> Thomas A		<b>Last name</b> Smith	<b>Suff.</b> Jr	<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b>
<b>f Employee's address and ZIP code</b> 691 Linden Ave Anycity, US 00001			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>	
			<b>14 Other</b>		<b>12c</b>	
					<b>12d</b>	
<b>f Employee's address and ZIP code</b>						
<b>15 State Employer's state ID number</b>			<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>	
<b>18 Local wages, tips, etc.</b>			<b>19 Local income tax</b>		<b>20 Locality name</b>	



## Box e and f

Your legal name as it reads on your Social Security card, is shown in box e and your mailing address is reported in box f. If this information is incorrect, it could delay the receipt of your W2.

22222		VOID <input type="checkbox"/>	<b>a Employee's social security number</b> 123-45-6789		<b>For Official Use Only</b> OMB No. 1545-0008	
<b>b Employer identification number (EIN)</b> 31-145201			<b>1 Wages, tips, other compensation</b> \$47,000.00		<b>2 Federal income tax withheld</b> 3935.75	
<b>c Employer's name, address, and ZIP code</b> Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			<b>3 Social security wages</b> \$50,000.00		<b>4 Social security tax withheld</b> 1877.05	
			<b>5 Medicare wages and tips</b> \$50,000.00		<b>6 Medicare tax withheld</b> 438.99	
			<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
<b>d Control number</b> 3312344			<b>9</b>		<b>10 Dependent care benefits</b>	
<b>e Employee's first name and initial</b> Thomas A		<b>Last name</b> Smith	<b>Suff.</b> Jr	<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b>
<b>f Employee's address and ZIP code</b> 691 Linden Ave Any City, US 00001			<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>	
			<b>14 Other</b>		<b>12c</b>	
					<b>12d</b>	
<b>15 State</b> Employee's state ID number			<b>16 State wages, tips, etc.</b>	<b>17 State income tax</b>	<b>18 Local wages, tips, etc.</b>	<b>19 Local income tax</b>
					<b>20 Locality name</b>	



## Box 1 - Wages, Tips, and Other Compensation

Box 1 shows the amount of gross taxable wages an employer paid. These wages include bonuses, fringe benefits, and salaries. This part of Form W-2 does not include amounts given to retirement plans or other payroll deductions. Because it subtracts other deductions, it is often less than the amounts shown in Boxes 2 and 3. the number in box 1 is often the number employees care about most.

22222		VOID <input type="checkbox"/>	<b>a</b> Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
<b>b</b> Employer identification number (EIN) 31-145201			<b>1</b> Wages, tips, other compensation \$47,000.00		<b>2</b> Federal income tax withheld 3935.75	
<b>c</b> Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			<b>3</b> Social security wages \$50,000.00		<b>4</b> Social security tax withheld 1877.05	
			<b>5</b> Medicare wages and tips \$50,000.00		<b>6</b> Medicare tax withheld 438.99	
			<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number 3312344			<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's first name and initial Thomas A		Last name Smith	Suff. Jr	<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12
691 Linden Ave Anycity, US 00001				<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>
				<b>14</b> Other		<b>12c</b>
						<b>12d</b>
<b>f</b> Employee's address and ZIP code						
<b>15</b> State Employer's state ID number			<b>16</b> State wages, tips, etc.		<b>17</b> State income tax	
			<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax	
			<b>20</b> Locality name			

## Box 2 - Federal Income Tax Withheld

The Federal income tax withheld from your pay during the previous calendar year. The W-4 that you fill out each year determines this tax-withholding rate. Employees are encouraged to review their withholdings each year and submit a new W-4 if needed.

22222		VOID <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
			5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
			7 Social security tips		8 Allocated tips	
d Control number 3312344			9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith	Suff. Jr	11 Nonqualified plans		12a See instructions for box 12
691 Linden Ave Anycity, US 00001				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b
				14 Other		12c
						12d
f Employee's address and ZIP code						
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

## Box 3

**Social Security Wage** The amount of earnings your employer paid you subject to Social Security tax. The number in this box does not consider pretax deduction items that reduce overall taxable income, which means Box 3 could be higher than the amount shown in Box 1. The only pre-tax deductions allowed are dependent care, flexible spending accounts, medical premiums. Retirement plan contributions do not reduce social security wages.

22222		VOID <input type="checkbox"/>		a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201				1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534				3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
				5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
				7 Social security tips		8 Allocated tips	
d Control number 3312344				9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith		Suff. Jr		11 Nonqualified plans	
f Employee's address and ZIP code 691 Linden Ave Any city, US 00001				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
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	

22222		VOID <input type="checkbox"/>		a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201				1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534				3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
				5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
				7 Social security tips		8 Allocated tips	
d Control number 3312344				9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith		Suff. Jr		11 Nonqualified plans	
691 Linden Ave Any city, US 00001				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12a See instructions for box 12	
				14 Other		12b	
						12c	
						12d	
f Employee's address and ZIP code							
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	

### Box 4 - Social Security Tax Withheld

This amount represents the total Social Security taxes withheld from your wages. Box 4 is calculated as 6.2 percent of the Social Security wages in Box 3. You should not have more Social Security withholding than the maximum wage base x 6.2%.

## Box 5 - Medicare Wages and Tips

Medicare wages are the total amount of earnings you make that are subject to Medicare tax. The only pre-tax deductions allowed are dependent care, flexible spending accounts, medical premiums. Retirement plan contributions do not reduce social security wages. There is also not a cap on Medicare taxes, which means the number in Box 5, can be significantly larger than what is showing in Box 1 or Box 3. Retirement plan contributions do not reduce Medicare wages

22222		VOID <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
			5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
			7 Social security tips		8 Allocated tips	
d Control number 3312344			9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith	Suff. Jr	11 Nonqualified plans		12a See instructions for box 12
691 Linden Ave Anycity, US 00001			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
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

Box 6 - Medicare Tax Withheld Medicare tax withheld represents the amount Medicare took from your wages to go to taxes. This amount represents the total Medicare taxes withheld from your wages. Box 5 is calculated as 1.45 percent of the Medicare wages in Box 5. The rate is usually 1.45% percent of the total Medicare wages in Box 5. However, employees who earn more than \$200,000 are also subject to an additional 0.9 percent Medicare tax

22222		VOID <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
			5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
			7 Social security tips		8 Allocated tips	
d Control number 3312344			9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith	Suff. Jr.	11 Nonqualified plans		12a See instructions for box 12
691 Linden Ave Anycity, US 00001			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
					12d	
f Employee's address and ZIP code						
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	



## Box 10 - Dependent Care Benefits

Box 10 lists the total amount paid into your dependent care flexible spending account for the year. Any amount over \$5,000 is included in Box 1 as well. Please refer to CalHR Annual Limits on Dependent Care Deductions for more information on state's plan limit.

22222		VOID <input type="checkbox"/>	a Employee's social security number 123-45-6789		For Official Use Only OMB No. 1545-0008	
b Employer identification number (EIN) 31-145201			1 Wages, tips, other compensation \$47,000.00		2 Federal income tax withheld 3935.75	
c Employer's name, address, and ZIP code Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			3 Social security wages \$50,000.00		4 Social security tax withheld 1877.05	
			5 Medicare wages and tips \$50,000.00		6 Medicare tax withheld 438.99	
			7 Social security tips		8 Allocated tips	
d Control number 3312344			9		10 Dependent care benefits	
e Employee's first name and initial Thomas A		Last name Smith	Suff. Jr	11 Nonqualified plans		12a See instructions for box 12
691 Linden Ave Any City, US 00001			13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
			14 Other		12c	
f Employee's address and ZIP code					12d	



## Box 12 - Compensation and Benefits

This box indicates compensation or benefit by code. These codes include Elective deferrals for a 401(k) retirement plan, cost of employer-sponsored health coverage, and taxable cost of group-term life insurance.

22222		VOID <input type="checkbox"/>	<b>a Employee's social security number</b> 123-45-6789		<b>For Official Use Only</b> OMB No. 1545-0008	
<b>b Employer identification number (EIN)</b> 31-145201			<b>1 Wages, tips, other compensation</b> \$47,000.00		<b>2 Federal income tax withheld</b> 3935.75	
<b>c Employer's name, address, and ZIP code</b> Solano Community College 4000 Suisun Valley Road Fairfield, CA 94534			<b>3 Social security wages</b> \$50,000.00		<b>4 Social security tax withheld</b> 1877.05	
			<b>5 Medicare wages and tips</b> \$50,000.00		<b>6 Medicare tax withheld</b> 438.99	
			<b>7 Social security tips</b>		<b>8 Allocated tips</b>	
<b>d Control number</b> 3312344			<b>9</b>		<b>10 Dependent care benefits</b>	
<b>e Employee's first name and initial</b> Thomas A		<b>Last name</b> Smith	<b>Suff.</b> Jr	<b>11 Nonqualified plans</b>		<b>12a See instructions for box 12</b>
<b>f Employee's address and ZIP code</b> 691 Linden Ave Any City, US 00001		<b>13</b>		<b>12b</b>		
		<input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		<b>12c</b>		
		<b>14 Other</b>		<b>12d</b>		
<b>15 State Employer's state ID number</b>			<b>16 State wages, tips, etc.</b>		<b>17 State income tax</b>	
<b>18 Local wages, tips, etc.</b>			<b>19 Local income tax</b>		<b>20 Local liability tax</b>	

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This box is used to indicate a compensation or benefit by code. These codes include:

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- C — Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to Social Security wages base), and box 5).

---

- D — Elective deferrals to a section 401(k) cash or deferred arrangement. It also includes deferrals under a SIMPLE retirement account that's part of a section 401(k) arrangement.

---

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

---

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

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- L — Substantiated employee business expense reimbursements (nontaxable)

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

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

---

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

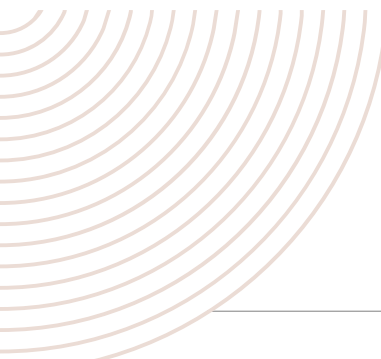
---

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

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- 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.

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**Box 13 - Retirement Plan-** This box is checked when an employee is an active retirement plan participant. An “X” indicates employees are members of either the Public Employees’, State Teachers’, Judges’ or Legislators’ Retirement System. Employees in the Part-time/Seasonal/Temporary retirement plan will not have an “X” indicated.

**Box 14 – Other** This box can be used to report miscellaneous information, such as State Disability Insurance (CA SDI) taxes withheld, fringe benefits, or educational assistance payments.

**Box 15 – Employer’s State ID Number** This box is where you list your employer’s state and tax identification number. If you do not have CA, IL or NY reporting,

**Box 15, 16, and 17** will be blank. However, more than one box will be filled if you have multiple withholdings in various states.

**Box 16 - State Wages, Tips, etc.** The amount of your wages your employer paid you that is subject to state tax. The amount might differ from the amount shown in Box 1.

**Box 17 - State Income Tax** If wages were reported in Box 16, then Box 17 will show the amount of state taxes withheld from your income. If you reside in a state other than CA, IL or NY, your W-2 will show blank in Box 15, but Box 16 will be complete with the taxable wages that you will need to report to your residing state.

## Tax Withholding Estimator

English | Español | 中文(简体) | 中文(繁體) | 한국어 | Русский | Tiếng Việt | Kreyòl ayisyen

### Individuals

Who should file

How to file

When to file

Where to file

Amend return

Your information

Life events

Students

Employees

Parents

Military

Use this tool to estimate the federal income tax you want your employer to withhold from your paycheck. This is [tax withholding](#).

See how your withholding affects your refund, take-home pay or tax due.

### How it works

Use this tool to:

- Estimate your federal income tax withholding
- See how your refund, take-home pay or tax due are affected by withholding amount
- Choose an estimated withholding amount that works for you

Results are as accurate as the information you enter.

### What you need

Have this ready:

- Paystubs for all jobs (spouse too)
- Other income info (side jobs, self-employment, investments, etc.)
- Most recent tax return

Your information isn't saved. Learn more [about Security](#).

Use the Tax Withholding Estimator

## IRS Tax withholding estimator

Use this tool to:

- Estimate your federal income tax withholding
- See how your refund, take-home pay or tax due are affected by withholding amount
- Choose an estimated withholding amount that works for you

Results are as accurate as the information you enter.

<https://www.irs.gov/individuals/tax-withholding-estimator>

# Payroll

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- ▶ Absence reports
- ▶ Timesheets
- ▶ Direct Deposits
- ▶ Federal and State Withholdings
- ▶ Voluntary deductions (i.e. 403b, 457)
- ▶ Retirement reporting
- ▶ Other payments: Flex, Office Hours, Substitute
- ▶ Paystub questions ....



# MySolano Paystub

## ➤ Payment Summary

- Current and YTD
- Gross
- EE Deductions
- Net
- Total ER Contributions

### Pay Stub Detail

Solano Community College  
4000 Suisun Valley Rd  
Fairfield, California 94534  
7078647000

**Banner ID:** 0000000000

**SSN/SIN/TIN:** \*\*\*\*\*

**Employee:** John Doe

**Address:** 123 ABC Lane  
Fairfield, California 94534

**Pay Date:** Jan 31, 2022

**Pay Number:** Monthly Pay-Salary 2

**Pay Period:** Jan 01, 2022-Jan 31, 2022

[Summary](#) | [Earnings](#) | [Benefits, Deductions and Taxes](#) | [Check or Direct Deposit](#) | [Filing Status](#)

### Payment Summary

Type	Current Period	YTD Amount
<b>Gross Amount:</b>	\$2,793.30	\$2,793.30
<b>Total Personal Deductions:</b>	\$1,038.68	\$1,038.68
<b>Net Amount:</b>	\$1,754.62	\$1,754.62
<b>Total Employer Contributions:</b>	\$600.39	\$600.39

### Earnings

Job	Earnings	Shift	Hours or Units	Rate	Amount	YTD Amount
Part-time Adjunct	Adj. Hrly Class 1	1	(hours vary) 1	\$10.00	\$10.00	\$10.00
Full-time Faculty	Normal Regular Pay	1	105	\$10.00	\$1,050.00	\$1,050.00
CSEA,L-39, Conf or Mgmt	Normal Regular Pay	1	173.33	\$10.00	\$1,733.30	\$1,733.30
<b>Total:</b>					<b>\$2,793.30</b>	<b>\$2,793.30</b>

## ➤ Earnings

- Job position
- Earnings
- Hours/Units
- Amount
- YTD Amount

# Paystub - continued

Benefits, Deductions and Taxes						
Benefits and Deductions	Employee	Employee YTD	Employer	Employer YTD	Applicable Gross	Applicable Gross YTD
Deductions before Federal Tax						
AMF-Accident Only-NXT	\$10.00	\$10.00	\$0.00	\$0.00	\$2,793.30	\$2,793.30
AMF-Cancer-NTX	\$10.00	\$10.00	\$0.00	\$0.00	\$2,793.30	\$2,793.30
AMF-Dependent Care	\$10.00	\$10.00	\$0.00	\$0.00	\$2,793.30	\$2,793.30

AMF-Urm Flex Account	\$10.00	\$10.00	\$0.00	\$0.00	\$2,793.30	\$2,793.30
Medical (EE contributions)	\$50.00	\$50.00	\$100.00	\$100.00	\$2,793.30	\$2,793.30
PERS/STRS (EE contributions)	\$100.00	\$100.00	\$200.00	\$200.00	\$2,793.30	\$2,793.30
403B/457 Provider-Tax Shelter	\$25.00	\$25.00	\$0.00	\$0.00	\$2,793.30	\$2,793.30
Taxes						
California Tax Withheld	\$100.00	\$100.00	\$0.00	\$0.00	\$2,578.30	\$2,578.30
Federal Tax Withheld	\$500.00	\$500.00	\$0.00	\$0.00	\$2,578.30	\$2,578.30
FICA Tax Withheld	\$173.18	\$173.18	\$173.18	\$173.18	\$2,743.30	\$2,743.30
Medicare Tax Withheld	\$40.50	\$40.50	\$40.50	\$40.50	\$2,743.30	\$2,743.30
SUI Tax Withheld	\$0.00	\$0.00	\$13.97	\$13.97	\$2,793.30	\$2,793.30
Deductions after Federal Tax						
AMF-Disability-TX	\$10.00	\$10.00	\$0.00	\$0.00	\$2,793.30	\$2,793.30
VISION	\$0.00	\$0.00	\$21.90	\$21.90	\$2,793.30	\$2,793.30
Worker's Compensation Tax	\$0.00	\$0.00	\$50.84	\$50.84	\$2,793.30	\$2,793.30
Total:	\$1,038.68	\$1,038.68	\$600.39	\$600.39		

Ø Benefits

- Ø Dental
- Ø Vision

Ø Deductions

- Ø Medical (EE share)
- Ø PERS/STRS
- Ø 403b/457
- Ø Voluntary

Ø Taxes

- Ø Federal
- Ø State
- Ø FICA (aka Social Security)
- Ø Medicare
- Ø State Employment Ins. (SUI)
- Ø Workmans Comp



## Paystub - continued

### ➤ Payment type

- Direct Deposit
- Check

### ➤ Filing Status

- Federal tax
- State tax

#### *Check or Direct Deposit*

Number	Document Type	Bank Name	Account Type	Amount
14xxxxxx	Direct Deposit	Wells Fargo	Checking or Savings	\$1,754.62
12xxxxxx	Check			\$1,754.62
				\$1,754.62

#### Filing Status

#### *Federal Tax Withheld*

Filing Status	Number of Allowances	Nonresident Alien	Step 2C Indicator	Year Ind	Additional FTX	Dependent Amount	Other Income	Deductions
Single	0	No	No		\$0.00	\$0.00	\$0.00	\$0.00

#### *California Tax Withheld*

Filing S	AddAllow	# Exempt	Additional Withholding STX
S	0	1	\$0.00

# Paystub Earn Codes

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## Short (paper check)

Adtl Pay  
AdjHrly  
CT 1.5  
CT 2@2.5X  
CT Used  
DefPay  
DefOut  
Dock  
Dr. 12Mo  
ExHrCoac  
Flex Cal  
Fl Hol U  
FWS  
Honor  
Longevit  
NML

## Long (mySolano)

Additional Pay (MIS & Ret)  
Adj. Hrly Class 1  
Accrued Comp. Time @ 1.5x  
Accured Comp. Time @ 2.5x  
Comp Time Used  
Deferred Pay Accrued 10/12  
Deferred Pay Out 10/12  
Dock Pay  
Doctorial Stipend for 12 Mo  
Coaches Extra Hours Pay  
Flex Cal  
Floating Holiday Used  
Federal Work Study  
Honors Pay  
Longevity Earnings  
Normal Monthly Earnings

## Short (paper check)

Officehr  
OT (1.5)  
OT (2.5)  
OVL1  
PGV  
SLO  
Stu Work  
Sub TCer  
Timpay  
Tmstcert  
Tmstpens

## Long (mySolano)

Office Hours  
Overtime Pay (1.5)  
Overtime (2.5)  
OVL1 Class 1  
Peer/Program Review-CTA  
Student Learning Outcome  
Student Worker  
Substitute Timesheet for Cert  
Timesheet Pay - Classified  
Timesheet Pay - Certificated  
Tmst Pay-Classified-Pension

# Absence Leave Codes

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## **Adjunct (part-time):**

BVA Bereavement Leave

CNAConference

EAU Emergency Used

PNP Personal Necessity

SAJ Sick Leave Used

## **FACULTY (full-time):**

BRV Bereavement Leave

CNFCConference

EUS Emergency Used

JUR Jury Duty

PNU Personal Necessity

SUS Sick Leave Used

## **Classified (CSEA), Oper. Eng (L-39), Confid., Mgmt:**

BRV Bereavement Leave

CNFCConference

CTU Comp Time Used

EUS Emergency Leave

FHU Floating Holiday

FHE Excess Floating

JUR Jury Duty

PNU Personal Necessity

SUS Sick Leave

VUS Vacation

VEX Excess Vacation

# Pre-tax versus Post-tax Deductions

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## **PRE-tax** deduction:

Money deducted from your check **BEFORE**  
Federal and State taxes are withheld

- Retirement plans (403b, 457, PERS, STRS)
- Medical (employee contribution)
- Optional:
  - Flexible savings account (via 3<sup>rd</sup> party provider)

## **POST-tax** deduction:

Money deducted from your check **AFTER**  
Federal and State taxes are withheld

- Union dues
- Wage garnishments (tax, child support)
- Disability Ins. (via 3<sup>rd</sup> Party provider)
- Donations/Charitable contributions
  - SCC Educational Programs

# SSB 9 Paystub Example

Benefit or Deduction	Employee	Employee YTD	Employer	Employer YTD	Applicable Gross	Applicable Gross YTD
<b>Deductions before Federal Tax</b>						
Delta Dental	\$0.00	\$0.00	\$113.72	\$1,330.86	\$8,635.83	\$104,308.90
Employee Assistance Program	\$0.00	\$0.00	\$1.99	\$23.88	\$8,635.83	\$104,308.90
Medical-Certificated	\$85.00	\$1,020.00	\$1,786.68	\$16,760.96	\$8,935.83	\$107,308.90
STRS Excess Refund		-\$306.95		-\$1,077.75		\$8,935.83
STRSDB Supplemental Pg		\$0.00		\$0.00		\$0.00
STRSDB-2%@60 Prior to 1/1/13	\$1,304.65	\$12,714.65	\$2,153.65	\$20,530.13	\$12,728.37	\$124,045.48
STRSDB-Supplemental		\$120.00		\$123.75		\$1,500.00
THE HARTFORD	\$0.00	\$0.00	\$2.10	\$25.20	\$8,635.83	\$104,308.90
Voya-CalSTRS Pen2-Tax Shelter	\$1,000.00	\$15,000.00	\$0.00	\$0.00	\$8,935.83	\$110,793.25
<b>Taxes</b>						
California Tax Withheld	\$555.80	\$5,992.34	\$0.00	\$0.00	\$8,611.55	\$96,718.68
Federal Tax Withheld	\$1,317.52	\$14,327.12	\$0.00	\$0.00	\$8,611.55	\$96,718.68
Medicare Tax Withheld	\$158.28	\$1,801.57	\$158.28	\$1,801.57	\$10,916.20	\$124,246.38
SUI Tax Withheld	\$0.00	\$0.00	\$55.01	\$161.67	\$11,001.20	\$125,266.38
<b>Deductions after Federal Tax</b>						
AMF-Disability-TX	\$67.68	\$812.16	\$0.00	\$0.00	\$8,935.83	\$110,793.25
CTA Chapter Dues	\$10.00	\$120.00	\$0.00	\$0.00	\$8,935.83	\$107,308.90
CTA State & NEA Dues	\$87.83	\$1,043.46	\$0.00	\$0.00	\$8,935.83	\$107,308.90
Vision Plan	\$0.00	\$0.00	\$21.90	\$263.58	\$8,635.83	\$104,308.90
Worker's Compensation Tax	\$0.00	\$0.00	\$200.22	\$2,267.65	\$11,001.20	\$125,266.38
<b>Total:</b>	<b>\$4,586.76</b>	<b>\$52,644.35</b>	<b>\$4,493.55</b>	<b>\$42,211.50</b>		

# Common Terms (glossary)

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## DEDUCTIONS

Mandatory - Federal tax, State tax, Social Security (FICA) tax, Medicare tax, Garnishments, Retirement Plans

Voluntary – Life Insurance, Accident & Disability Insurance, Tax Shelter Annuities

FICA - Federal Insurance Contributions Act (tax imposed on both employee & employer to fund Social Security & Medicare)

GROSS – Total compensation before deductions

NET – The remaining amount after all deductions, voluntary contributions are taken out

PAY RATE – Hourly rate per hour

PERS – Public Employees Retirement System

STRS – State Teachers Retirement System

SUI – State Unemployment Insurance

YTD – Year to Date (total earnings from Jan. 1 until a specified date)

# Resources

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American Payroll Association

<https://www.americanpayroll.org>

CalPERS: California Public Employees Retirement System

<https://www.calpers.ca.gov>

Social Security Administration

<https://www.ssa.gov>

CalSTRS: California Teachers Retirement System

<https://www.calstrs.com>

Internal Revenue Service

<http://www.irs.gov>

Ways to Manage Your Paycheck Efficiently

[http://www.nationalpayrollweek.com/about\\_manage.cfm](http://www.nationalpayrollweek.com/about_manage.cfm)



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# Payroll Questions?

