| Office of State Uniform Payroll | | |
|---|----------------------------------|--|
| Procedure Title: Verifying Form W-2 Figures | Revision Date: 01/12/2022 | |
| | Issue Date: 01/22/2016 | |
| Unit: Wage and Tax Administration Unit | Page Number: 1 of 2 | |
| Contact: _DOA-OSUP-WTA@la.gov | | |

Employee Administrators (EA) can verify the figures on an employee's Form W-2 by utilizing the following LaGov HCM Reports: Remuneration Statement (ZP106), Payroll Reconciliation Report (ZP145), Employee Wage Type Results Report (ZP64), LaGov HCM Fringe Benefit Report (ZP124) and Time Entry Audit Report (ZT02).

In addition, the following calculations can be used to verify Form W-2 figures:

Federal/State Taxable Wages (Box 1 / Box 16):

| | Gross Wages (obtain using above stated reports) | | |
|-------|--|--|--|
| plus | Taxable Non-Cash Fringe Benefits (Fringe Benefit Report - ZP124) | | |
| plus | Flexible Spending Account (FSA) Unsub Claims (Wage Type 160 - ZP145) | | |
| minus | Cafeteria (Box 14) | | |
| minus | Deferred Retirement (Box 14) | | |
| minus | 457 Deferred Compensation Contributions (Box 12 Code G) | | |
| minus | 403(b) Tax Shelter Annuity Contributions (Box 12 Code E) | | |
| minus | Workers' Compensation (Wage Types 670, 674 and 678 – ZP145) | | |
| | NOTE: Wage Type 678 is used for Law Enforcement Workers' Compensation only | | |

Social Security Wages/Medicare Wages (Box 3 / Box 5):

| | Gross Wages (obtain using above stated reports) |
|-------|---|
| plus | Taxable Non-Cash Fringe Benefits (Fringe Benefit Report - ZP124) |
| plus | Flexible Spending Account (FSA) Unsub Claims (Wage Type 160 – ZP145) |
| minus | Cafeteria (Box 14) |
| minus | Workers' Compensation (Wage Types 670, 674 and 678 – ZP145) |
| | NOTE: Wage Type 678 is used for Law Enforcement Workers' Compensation only. |

If it is determined that the W-2 is incorrect, the Employee Administrator must contact the OSUP WTA Unit. If an agency is aware of any situations and/or problems related to Form W-2, contact OSUP for assistance. Please do not instruct employees to call OSUP directly.

NOTE: Employees should be advised that Form W-2 is the official form to be used to complete IRS Form 1040. Employees should not use the YTD figures on their earning statement or any reports in LaGov HCM to complete the IRS Form 1040.

Please see attached reference guide for descriptions of informational codes on the Form W-2.

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| | Form W-2 Reference Guide | | |
|----|--------------------------|--|--|
| | | | |
| 10 | | Dependent Care Benefits (Included with Cafeteria amount in Box 14) | |
| 12 | E | 403(b) Elective Deferrals | |
| 12 | G | 457 Deferred Compensation Contributions. Includes 457A, 457B, 457C, | |
| | | 457D, 457R and 457S contributions. | |
| 12 | W | Employee and Employer Contributions to Health Savings Account (HSA) | |
| 12 | DD | Cost of Employer-Sponsored Health Coverage. Informational purposes only. | |
| | | The amount includes the employee and employer health insurance | |
| | | premiums (flex/non-flex) paid during the year. This amount is not taxable to | |
| | | the employee. To obtain this figure, run the Payroll Reconciliation Report | |
| | | (ZP145), using the W-2 Box 12, DD variant. Enter the personnel area and/or | |
| | | personnel number and execute report. Report output will show the total for | |
| | | employee and employer shares, but with opposite signs. Amounts should be | |
| | | added together to verify the amount reported on the W-2. | |
| 12 | EE | 457 ROTH Contributions (post-tax) | |
| 14 | Retirement | Employee contributions to a State Retirement System or 457R plan | |
| 14 | Cafeteria | Flexible Benefit Plans (Includes Dependent Care, Flexible Spending Accounts, | |
| | | employee contributions to HSAs, Health Premium Conversions, and pre-tax | |
| | | Statewide Vendor Deductions) | |

| Supplement to 2020 Form W-2 Instructions | | |
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| Box | Code | |
| 14 | FFCRA Self | Sick leave wages paid under the provisions of the Families First Coronavirus |
| | | Response Act (FFCRA); Subject to the \$511 per day limit because of care |
| | | employee required |
| 14 | FFCRA | Sick leave wages paid under the provisions of the Families First Coronavirus |
| | Family | Response Act (FFCRA); Subject to the \$200 per day limit because of care |
| | | provided to a family member |
| 14 | EFMLEA | Emergency family leave wages (school/day care closure) |