**2018 W - 2 NOTES**

**KENMORE - TOWN OF TONAWANDA UNION FREE SCHOOL DISTRICT**

**Payroll Department**

**1500 Colvin Blvd.**

**Buffalo, NY 14223-1196**

**Phone (716) 874-8400 FAX (716) 874-8546**

**BOX 1 - Wages, tips, other compensation**

This box is calculated by taking your wages received in 2018 and *subtracting*  the following deductions:

 *Pay Check Description*

 (Pre-Tax Health Premium)

 (Flexible Spending Account)

 (Health Savings Account)

 (Dependent Care Account)

 (403(b))

 (457-NYS Deferred)

 (Teacher Retirement System)(414H)

 (Teacher Retirement Mandatory 414H Arrears)

 (Employees Retirement System)(414H)

 (Employees Retirement System 414H Arrears)

**BOX 3 - Social Security wages**

The maximum taxable social security wages for 2018 was $128,400; therefore, the amount in **BOX 4** should not exceed $7,960.80. Your social security wage in this box was determined by taking your wages received in 2018 and deducting Pre-Tax Health Premium, Flexible Spending Account, Health Savings Account or Dependent Care Account.

**BOX 5 - Medicare wages and tips**

This box is calculated by taking your wages received in 2018 and deducting Pre-Tax Health Premium, Flexible Spending Account, Health Savings Account or Dependent Care Account.

**BOX 10 - Dependent care benefits**

This amount is the amount you had withheld for your Dependent Care Reimbursement Account. Remember, if you participated in this program through payroll deduction you will be limited on the amount to claim for the "Dependent Care Credit" on your Income Tax Return when using IRS Form 2441.

**BOX 12**

This box may contain one of the following alpha codes, along with a dollar amount:

 C - Cost of Group-Term Life Insurance

 E - Tax Shelter Annuity deduction per section 403(b)

 G - Tax Shelter Annuity deduction per section 457(b)

 L - Travel Allowance

 M - Uncollected Social Security tax on cost of Group-Term Life Insurance

 N - Uncollected Medicare tax on cost of Group-Term Life Insurance

 W – Health Savings Account

 DD – Total Cost of your Health Insurance Coverage for 2018. *This is reported for Informational Use Only*.

**BOX 14 – OTHER**

This box may contain the description ***414h*** along with an amount. This pertains to the NYS Retirement System voluntary deduction for Tier III, Tier IV, Tier 5 and Tier 6 members. You will need this amount for your New York State tax return. Write this amount on line 21 on IT-201.

***Union Dues*** will not print. This information as well as ***United Way*** contributions are not available in this system. You can find this information on your last pay stub for 2018 dated December 28, 2018. If you do not have this pay stub please, contact us **in writing only** for the information. Thank you.