

W2 Boxes Explained

| 2021 Wage and Tax Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|---|--------------------------------------|---|----------------|---|--------|---|------------|---|-----|---|---------------|---|----------------------|---|---|---|---|---|-------------------|---|---|----|--|----|---|----|--|----|--|----|--|
| W2 Box | State Software Explanation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | SSN as entered in BIOSCN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Employer Federal EIN as entered in W2PROC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | District name and address as entered in W2PROC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | Name as entered in BIOSCN <div style="border: 1px solid green; border-radius: 10px; padding: 5px; display: inline-block;">  Legal name always prints, in non-blank. If Legal name is blank, uses Name field. </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | Address as entered on BIOSCN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | YTD taxable gross on 001 DEDSCN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | YTD deduct total on 001 DEDSCN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | YTD taxable gross on 692/693 DEDSCN flagged with deduction category of F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | YTD deduct total on 692/693 and 694/695 DEDSCN flagged with deduction category of F | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | YTD taxable gross on 692/693 DEDSCN flagged with deduction category of M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | YTD deduct total on 692/693 and 694/695 DEDSCN flagged with deduction category of M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Dependent care amount on 001 DEDSCN or YTD deduct total on any DEDSCN with type DPCARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | <table border="1"> <tr> <td>C</td> <td>Cost of life insurance over \$50,000</td> </tr> <tr> <td>D</td> <td>401(k) amounts</td> </tr> <tr> <td>E</td> <td>403(b)</td> </tr> <tr> <td>F</td> <td>408(k) (6)</td> </tr> <tr> <td>G</td> <td>457</td> </tr> <tr> <td>H</td> <td>501c (18) (d)</td> </tr> <tr> <td>J</td> <td>Non taxable sick pay</td> </tr> <tr> <td>P</td> <td>Excludable moving expenses - Armed Forces only</td> </tr> <tr> <td>R</td> <td>Employer contributions to an Archer MSA</td> </tr> <tr> <td>T</td> <td>Adoption benefits</td> </tr> <tr> <td>W</td> <td>Employer contributions to Health Savings Accounts</td> </tr> <tr> <td>AA</td> <td>Designated Roth contributions to section 401(k) plan</td> </tr> <tr> <td>BB</td> <td>Designated Roth contributions under section 403 (b) salary reduction agreements</td> </tr> <tr> <td>DD</td> <td>Cost of employer-sponsored health coverage</td> </tr> <tr> <td>EE</td> <td>Designated Roth contributions under a governmental section 457(b) plan</td> </tr> <tr> <td>FF</td> <td>Use this code to report the total amount of permitted benefits under a QSEHRA The maximum reimbursement for an eligible employee under a QSEHRA is \$5,3000 (\$10,700 if it also provides reimbursements for family members), before indexing for Inflation.</td> </tr> </table> | C | Cost of life insurance over \$50,000 | D | 401(k) amounts | E | 403(b) | F | 408(k) (6) | G | 457 | H | 501c (18) (d) | J | Non taxable sick pay | P | Excludable moving expenses - Armed Forces only | R | Employer contributions to an Archer MSA | T | Adoption benefits | W | Employer contributions to Health Savings Accounts | AA | Designated Roth contributions to section 401(k) plan | BB | Designated Roth contributions under section 403 (b) salary reduction agreements | DD | Cost of employer-sponsored health coverage | EE | Designated Roth contributions under a governmental section 457(b) plan | FF | Use this code to report the total amount of permitted benefits under a QSEHRA The maximum reimbursement for an eligible employee under a QSEHRA is \$5,3000 (\$10,700 if it also provides reimbursements for family members), before indexing for Inflation. |
| C | Cost of life insurance over \$50,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 401(k) amounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | 403(b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | 408(k) (6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | 457 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | 501c (18) (d) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J | Non taxable sick pay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | Excludable moving expenses - Armed Forces only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R | Employer contributions to an Archer MSA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T | Adoption benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W | Employer contributions to Health Savings Accounts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AA | Designated Roth contributions to section 401(k) plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BB | Designated Roth contributions under section 403 (b) salary reduction agreements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DD | Cost of employer-sponsored health coverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EE | Designated Roth contributions under a governmental section 457(b) plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FF | Use this code to report the total amount of permitted benefits under a QSEHRA The maximum reimbursement for an eligible employee under a QSEHRA is \$5,3000 (\$10,700 if it also provides reimbursements for family members), before indexing for Inflation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Retirement Plan: 401(a) 401(k) 403(b) 408(k) 501c(18) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|----|---|
| 14 | Leased vehicle amount and COVID amounts as entered on 001 DEDSCN or any other deduction amounts entered in W2PROC |
| 14 | Fringe Benefits |
| 15 | State ID name as entered in W2PROC |
| 16 | YTD taxable gross amount on 002 DEDSCN |
| 17 | YTD deduct total on 002 DEDSCN |
| 18 | YTD taxable gross amount on all City DEDSCN |
| 19 | YTD deduct total on all City DEDSCN |
| 20 | W2 abbreviation as entered in DEDNAM |