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2023 W-2 Information

Santa Barbara County
Auditor-Controller/Payroll Division
AuditorPayroll@counyofsb.org

How to access your 2023 W-2

Online

To opt into paperless delivery of your W-2 on ESS+, visit ESS+>>ADMIN>>Update Profile, and select Yes under 'Update W2 Accessibility'

You may also access an electronic copy of your W-2 on ESS+ in the ESS menu under W-2 Summary. Note: click "View Printable W-2" to ensure that the figures are finalized

Mail

2023 W-2 Annual Wage and Tax statements will be mailed to County employees by the IRS deadline of 1/31/2024. Please visit <u>ESS+ "Employee Information"</u> to verify your mailing address. While we would like to provide employees with an exact date, there are too many processes and departments involved with finalizing W-2s. We assure you we will provide them to you when they are available.

W2 boxes explained:

To answer the most frequently asked questions regarding your 2023 W-2 form, here is a brief explanation of the boxes on the form:

BOX 1 - Wages, tips, other compensation

This box is reporting **federal taxable wages**, not gross wages. It is calculated by taking gross wages received in 2023 and subtracting the following reductions:

- HEALTH/DENTAL/VISION PREMIUM REDUCTIONS
- FLEXIBLE SPENDING PLAN REDUCTIONS
- DEFERRED COMPENSATION REDUCTIONS
- RETIREMENT REDUCTIONS
- LIFE/ACCIDENT INSURANCE REDUCTION
- COMMUTER BENEFIT REDUCTIONS
- HEALTH SAVINGS ACCOUNT REDUCTIONS

These items are identified with an asterisk (*) on your earnings statements.

BOX 3 - Social Security wages

This box is calculated by taking your gross wages received in 2023 and subtracting:

- HEALTH/DENTAL/VISION PREMIUM REDUCTIONS
- FLEXIBLE SPENDING PLAN REDUCTIONS
- COMMUTER BENEFIT REDUCTIONS
- HEALTH SAVINGS ACCOUNT REDUCTIONS.

The maximum taxable social security wage limit for 2023 was \$160,200.00 and maximum contribution was \$9,932.40.

BOX 4 - Social Security tax withheld

This box is calculated by taking the amount in **BOX 3** multiplied by 6.2%.

BOX 5 - Medicare wages and tips

This box is calculated by taking your gross wages received in 2023 and subtracting

- HEALTH/DENTAL/VISION PREMIUM REDUCTIONS
- FLEXIBLE SPENDING PLAN REDUCTIONS
- COMMUTER BENEFIT REDUCTIONS
- HEALTH SAVINGS ACCOUNT REDUCTIONS.

BOX 6 - Medicare tax withheld

This box is calculated by taking the amount in **BOX 5** multiplied by 1.45% Individuals with earned income of more than \$200,00 (\$250,00 married, joint filing) pay an additional 0.9%

BOX 10 - Dependent care benefits

This amount is the amount you had withheld for your Dependent Care Reimbursement Account.

BOX 12

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

- G Elective deferrals and employer contributions to 457(b) deferred compensation plan
- P Excludable (qualified) moving expense reimbursements paid directly to employee

- W Employer contributions to a Health Savings Account (HSA) this includes both employer and employee contributions
- DD Cost of employer-sponsored health coverage premiums
- EE Roth contributions to 457(b) plan

This box contains California State Disability Insurance (SDI) Tax deductions. The SDI withholding rate for 2023 is .9 percent (0.009). The taxable wage limit is \$153,164 per employee per calendar year. The maximum to withhold for each employee is \$1,378.48.

BOX 16 - STATE WAGES, TIPS, ETC

This box is calculated by taking your gross wages received in 2023, adding HSA employer contributions and subtracting the following reductions:

- HEALTH/DENTAL/VISION PREMIUM REDUCTIONS
- HEALTH/DENTAL/VISION PREMIUM DEDUCTIONS for domestic partner registered with State of California
- FLEXIBLE SPENDING PLAN REDUCTIONS
- DEFERRED COMPENSATION REDUCTIONS
- RETIREMENT REDUCTIONS
- LIFE/ACCIDENT INSURANCE REDUCTION
- COMMUTER BENEFIT REDUCTIONS

Helpful information:

- You are encouraged to re-evaluate the need to change your Form W-4 for next year. Please use the IRS Tax Withholding Estimator for guidance.
- If you claimed exempt on the Form W-4, you must provide a new W-4 by February 15, 2024 PP05-2024

55555	VOID	a Emplo	yee's social security number		Official Use Only B No. 1545-0008						
b Employer identification number (EIN)						1 Wages, tips, other compensation			2 Federal income tax withheld		
c Employer's name, address, and ZIP code						Soc	ial security wages	4 Social security tax withheld			
						5 Medicare wages and tips			6 Medicare tax withheld		
						7 Social security tips			8 Allocated tips		
d Control number						10 Dependent care benefits			benefits		
e Employee's first name and initial Last name			st name	Suff. 11 Nonqualified plans			12a See instructions for box 12				
						13 Statutory employee Platnement Third-party sick pay					
					14	14 Other			12c		
									12d		
f Employee's address and ZIP code											
15 State Employer's state ID number 1		16 State wages, tips, etc.	. 17 State income		x	18 Local wages, tips, etc.	9 Local income tax 20 Locality		20 Locality name		
W-2 Wage and Tax Statement						3	Department of the Treasury—Internal Revenue Service For Privacy Act and Paperwork Reduction				

Copy A-For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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