

State of New Jersey

DEPARTMENT OF THE TREASURY DIVISION OF TAXATION PO Box 269 Trenton NJ 08695-0269

# NOTICE TO EMPLOYERS AND OTHER PREPARERS OF 2017 W-2 WAGE AND TAX STATEMENTS

In order to assist New Jersey employers and other preparers of Form W-2, Wage and Tax Statements, regarding the proper reporting of calendar year 2017 withholdings of employee contributions for:

- Unemployment Insurance
- Workforce Development/Supplemental Workforce Fund
- New Jersey Disability Insurance
- Family Leave Insurance

The New Jersey Department of Labor and Workforce Development and the New Jersey Division of Taxation have established official 2017 W-2 reporting guidelines for New Jersey. For information related to the New Jersey Department of Labor and Workforce Development call (609) 633-6400.

Filled-in sample W-2's showing the placement of the required New Jersey information are attached.

General information regarding preparation of Form W-2 and the placement of State Income Tax data can be obtained by calling the Taxation Customer Service Center at (609) 292-6400.

### 2017 W-2 SAMPLE: PREFERRED

### How to Report Worker Contributions for Unemployment Insurance, Workforce Development Partnership Fund/Supplemental Workforce Fund, State Disability Insurance, Family Leave Insurance, Employee Withholding for New Jersey Gross Income Tax

	a. Employee's Social Security number						
b Employer identification number (EIN)				1 Wages, tips, oth	ner compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social 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				9 Advance EIC payment		10 Dependent care benefits	
e Emplo	yee's first name and initia	I Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12	
				13. Statutory Retire employee pla	n sick pay	12b C D D	
				14. Other		Ē 12c c	
				UI/WF/SWF - DI -80.40	142.38	O D E	
				DI P.P. # XXX	XXXXXXX	12b C O D	
f. Employ 15 State	yee's address and ZIP co Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips,	etc. 19 Local ir	E	20 Locality name
NJ	234-567-890/000	33,500.00	525.00				
	FLI P.P. #	XXXXXXXXXXX	→ 33.50 - FLI				
	Wage and Tax	0047		Departn	nent of Treasury	- Internal F	Revenue Service
<b>W-2</b>	Statement	2017					
	Identification Number Call the New Jersey Division of Taxation's Customer Service		¥ Warker Cantributi				
			Worker Contribution		Disability Ins Private Plan I	Number	
			Unemployment Insu Workforce Development	ment	(DI P. P. Num		
	Center at 609-292-6400 or the New Jersey Department of Labor and Workforce Development at 609-633-6400 if you are unsure of your New Jersey Taxpayer Identification Number. Partnership Fund/Si Workforce Fund. • State Disability Insu • Family Leave Insura Please Note:			employers wh approved con urance Private Disab		o have an	
						lity Plan.	
				ance	Phone 609-29 you are unsur		
					Private Plan N	lumber.	
	Family Leave Insurance Private Plan Number (FLI P.P.#) To be entered only by		The Taxable Wage UI/WF/SWF, DI, an purposes for 2017 i	d FLI			
	employers who approved contr Family Leave I	have an ibutory Private nsurance Plan. -2720 if you are					

# **2017 W-2 SAMPLE: ACCEPTABLE ALTERNATE**

#### How to Report Worker Contributions for Unemployment Insurance, Workforce Development Partnership Fund/Supplemental Workforce Fund, State Disability Insurance, Family Leave Insurance, Employee Withholding for New Jersey Gross Income Tax

	a. Employee's Social S	Security number				
b Employer identification number (EIN)	1 Wages, tips, other com	npensation	2 Federal income tax withheld			
c Employer's name, address, and ZIP o	3 Social Security wages		4 Social Security tax withheld			
	5 Medicare wages and ti	ps	6 Medicare tax withheld			
	7 Social Security tips		8 Allocated tips			
d Control number	9 Advance EIC payment		10 Dependent care benefits			
e Employee's first name and initial	11   Nonqualified plans     13. Statutory Retirement   -     employee   plan	Third-party sick pay □	12a See inst 12b c 0 0 0 0 0 0 0 0 0 0 0 0 0	ructions for box 12		
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 in	C O D E	20 Locality name
NJ 234-567-890/000 <	33,500.00	525.00				UI/WF/SWF
DI P.P. # XXXXXXXXXX		FLI P.P. # 🔫	XXXXXXXXXXX	33	3.50 🔫	FLI
W-2 Wage and Tax Statement	2017		Departme	ent of Trea	sury - Interna	I Revenue Service
<ul> <li>Disability Insurance Private Plan Number (DI P. P. Number)</li> <li>New Jersey Taxpayer Identification Number</li> <li>Call the New Jersey Division of Taxation's Customer Service Center at 609-292-6400 or the New Jersey Department of Labor and Workforce Development at 609-633- 6400 if you are unsure of your New Jersey Taxpayer Identification Number.</li> </ul>		lumber rsey tition's ce Center 0 or the partment orkforce 609-633- unsure of y	<ul> <li>Private Plan Number (FLI P.P.#)</li> <li>To be entered only by employers who have an approved contributory Private Family Leave Insurance Plan. Phone 609-292-2720 if you are unsure of your Private Plan Number.</li> <li>Unemployen Workforce</li> <li>State Disate</li> <li>Family Lea Please Not The Taxablu UI/WF/SWF</li> </ul>			ability Insurance ave Insurance

# **2017 W-2 SAMPLE: ACCEPTABLE ALTERNATIVE**

### How to Report Worker Contributions for Unemployment Insurance, Workforce Development Partnership Fund/Supplemental Workforce Fund, State Disability Insurance, Family Leave Insurance, Employee Withholding for New Jersey Gross Income Tax

		a. Employee's Social	Security number				
b Employer identification number (EIN)				1 Wages, tips, other	compensation	2 Federal income tax withheld	
c Employer's name, address, and ZIP code				3 Social Security wages		4 Social Security tax withheld	
				5 Medicare wages ar	nd tips	6 Medic	are tax withheld
				7 Social Security tips		8 Allocated tips	
d Control number				9 Advance EIC payment		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.			Suff.	11 Nonqualified plans		12a See instructions for box 12	
				13. Statutory Retiremen employee plan	t Third-party sick pay □	12b C D E	I
			<b></b>	14. Other UI/WF/SWF -142 DI -80.40	2.38	12c C D E	
f. Employee's address and ZIP code			<b>&gt;</b>	FLI - 33.50		12b c D E	
15 State NJ	Employer's state ID number 234-567-890/000	16 State wages, tips, etc. 33,500.00	17 State income tax 525.00	18 Local wages, tips, etc.	19 Local in		20 Locality name DI P.P. #
					→xxxxxx	xxxxx	FLI P.P. #
<b>W-2</b>	Wage and Tax Statement	<b>2017</b>	partment of Treasury	y - Internal Revenue S	ervice		
Taxation's Customer Service Center at 609-292-6400 or the New Jersey Department of Labor and Workforce Development at 609-633-6400 if you are unsure of your New Jersey Taxpayer Identification Number.		<ul> <li>Worker Contributions</li> <li>Unemployment Insurance, Workforce Development Partnership Fund/Supplemental Workforce Fund.</li> <li>State Disability Insurance</li> <li>Family Leave Insurance</li> <li>Please Note:</li> <li>The Taxable Wage Base for UI/WF/SWF, DI, and FLI purposes for 2017 is \$33,500.</li> </ul>		<ul> <li>Disability Insurance Private Plan Number (DI P. P. Number)</li> <li>To be entered only by employers who have an approved contributory Private Disability Plan.</li> <li>Phone 609-292-2720 if you are unsure of your Private Plan Number.</li> <li>Family Leave Insurance Private Plan Number (FLI P.P.#)</li> <li>To be entered only by employers who have an approved contributory Private Family Leave Insurance Plan. Phone 609-292-2720 if you are unsure of your Private Plan</li> </ul>			

Number.