

Department of the Treasury
Division of Taxation
PO Box 269
Trenton NJ 08695-0269

NOTICE TO EMPLOYERS AND OTHER PREPARERS OF 2019 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 2019 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 2019 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-2s 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.

2019 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, other comp	ensation	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		10 Dependent care benefits		
e Employe	ee's first na	me and initial	Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12	2	
					13. Statutory Retirement employee plan	Third-party sick pay	12b c 0 D E		
					UI/WF/SWF -146. DI -58.48	5.20	C O D E		
f. Employe	ee's addres	s and ZIP code			DI P.P. # XXXXXX	XXXX •	12d C O D E		
15 State NJ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		16 State wages, tips, etc. 34,400.00	17 State income tax 525.00	18 Local wages, tips, etc.	19 Local ii	ncome tax 20 Locality name)	
	 _ FL		xxxxxxxxx	→27.52 - FLI		T			
W-2	N S	/age and Tax tatement	2019		Department of Trea	asury - Inte	ernal Revenue Service		
	C	_	lumber rsey Division stomer Service		Insurance, elopment id/Supplemental	Private P (DI P.P. # To be ent	pe entered only by		
	th o D if J	center at 609-29 ne New Jersey f Labor and Wo pevelopment at you are unsure ersey Taxpayer lumber.	Department orkforce 609-633-6400 e of your New	 Workforce Fund State Disability Family Leave In Please Note: The Taxable Wage 	Insurance surance Base for	approved Private D Phone 60 you are u	who have an contributory sability Plan. 0-292-2720 if sure of your an Number.		
	1 6	Family Leave Insurance Private Plan Number (FLI		UI/WF/SWF, DI, and for 2019 is \$34,400					

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.

P.P. #)

2019 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 Security number				I				
a. Employee's Social Security number								
b Employer identification number (EIN)				1 Wages, tips, other compe	ensation 2	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	3	8 Allocated tips		
d Control	number			9		10 Dependent care benefits		
e Employ	ee's first name and initial	Last name	Suff.	11 Nonqualified plans	,	12a See instructions for box 12		
				employee plan	sick pay C	12b		
				14. Other	0	12c		
						12d		
f. Employee's address and ZIP code					E	D E		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local inco		20 Locality name	
NJ 	234-567-890/000	34,400.00	525.00	L	146.2 58.4	•	UI/WF/SWF	
	DI P.P. # XXXXXXXXXX		FLI P.P.# ◀	xxxxxxxxx	27.	52	FLI	
W-2	Wage and Tax Statement	2019		Department of Trea	asury - Interr	nal Revenud	e Service	
Pri (DI	vate Plan Number P.P. #) be entered only by	New Jersey Taxpayer Identification Number Call the New Jersey Division of Taxation's Customer Service		Family Leave Insurance Private Plan Number (FLI P.P. #) To be entered only by		 Worker Contributions Unemployment Insurance, Workforce Development Partnership Fund/ 		
em app	ployers who have an proved contributory vate Disability Plan.	Center at 609-292- the New Jersey De of Labor and Work	-6400 or epartment	employers who have an approved contributory Private Family Leave		Supplemental Workforce Fund.		
you	one 609-292-2720 if u are unsure of your vate Plan Number.	Development at 609-633-6400 if you are unsure of your New Jersey Taxpayer Identification Number.		Insurance Plan. Phone 609-292-2720 if you are unsure of your Private Plan Number.				
1 11	vato i iaii indilibei.					Please Note:		

The Taxable Wage Base for UI/WF/SWF, DI, and FLI purposes for 2019 is \$34,400.

2019 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

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	ity number		_					
b Employer identification number (EIN)	1 Wages, tips, other compensation			2 Federal income tax withheld				
c Employer's name, address, and ZIP co	ode		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			10 Dependent care benefits		
e Employee's first name and initial	Last name	Suff.	11 Nonqualified plans			12a See instructions for box 12		
			13. Statutory Retirement employee plan plan line line line line line line line lin		hird-party ick pay	12b C O D E 12c C		
		UI/WF/SWF -1 DI -58.48	0	D E				
		—	FLI - 27.52			12d c		
f. Employee's address and ZIP code 15 State Employer's state ID number	40 04-4 454-	I 47 Otata in a sura tau	401	-4- 1	19 Local ir	D E	20 Locali	
15 State Employer's state ID number 234-567-890/000	16 State wages, tips, etc. 34,400.00	17 State income tax 525.00	18 Local wages, tips,	elc.	XXXXX		20 Locali	_DI P.P. #_
					XXXXX	XXXXX	< -	FLI P.P.#
W-2 Wage and Tax Statement	2019		Department of	Trea	sury - Inte	rnal Reve	nue Service	
New Jersey Tax Identification N Call the New Jer of Taxation's Cu Center at 609-29 the New Jersey of Labor and Wo Development at if you are unsure Jersey Taxpayer Number.	Worker Contributions Unemployment Insurance, Workforce Development Partnership Fund/Supplemental Workforce Fund State Disability Insurance Family Leave Insurance Please Note: The Taxable Wage Base for UI/WF/SWF, DI, and FLI purposes for 2019 is \$34,400.		Disability Insurance Private Plan Number (DI P.P. #) To be entered only by employers who have an approved contributory Private Disability Plan. Phone 609-292-2720 if you are unsure of your Private Plan Number. Family Leave Insurance Private Plan Number (FLI P.P. #) 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.