

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND
WORKFORCE DEVELOPMENT
DIVISION OF TEMPORARY DISABILITY INSURANCE
PO BOX 387
TRENTON, NJ 08625-0387

NOTICE TO EMPLOYER OF STATE PLAN DISABILITY BENEFITS PAID IN _____
FOR USE IN PREPARING W-2 FORMS

SEE REVERSE SIDE FOR
IMPORTANT INFORMATION

EMPLOYER IDENTIFICATION NUMBER

MAILING DATE

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SOCIAL SECURITY NUMBER	CLAIMANT'S NAME	A. AMOUNT AUTHORIZED	B. FIT TAXABLE AMOUNT	C. FICA TAXABLE AMOUNT	D. FICA TAX DEDUCTED	E. MEDICARE TAX DEDUCTED	F. FIT TAX
		2300.00	1150.00	1150.00	71.30	16.69	0.00

SAMPLE

WORKERS' F.I.C.A. (SOCIAL SECURITY) DEDUCTIONS ARE REQUIRED BY THE FEDERAL GOVERNMENT AND ARE BASED ON THE CHARGEABLE EMPLOYER'S SHARE OF THE COST FOR TEMPORARY DISABILITY INSURANCE PAYMENTS AUTHORIZED UNDER STATE PLAN COVERAGE.

YOU, THE STATE PLAN CHARGEABLE EMPLOYER, ARE RESPONSIBLE FOR THE ISSUANCE OF W-2 FORMS TO ALL OF THE INDIVIDUALS LISTED ON THE FRONT OF THIS NOTICE, EVEN THOUGH ONE OR MORE OF THE LISTED INDIVIDUALS MAY NOT HAVE BEEN ON YOUR PAYROLL DURING THE PERIOD(S) FOR WHICH DISABILITY BENEFITS WERE AUTHORIZED AND/OR AT ANY TIME THEREAFTER DURING THE INDICATED TAX YEAR, YOU STILL MUST ISSUE A W-2 TO THE INDIVIDUAL(S) IN QUESTION.

EXPLANATION OF COLUMNS ON THIS NOTICE; PROPER ENTRY OF DATA ON W-2

COLUMN A: AMOUNT AUTHORIZED:
THE GROSS AMOUNT OF BENEFITS AUTHORIZED FOR A CLAIMANT BEFORE ANY TAXES WERE DEDUCTED (FOR INFORMATIONAL PURPOSES ONLY; DO NOT INCLUDE THIS FIGURE ON THE W-2)

COLUMN B: F.I.T. TAXABLE AMOUNT:
THE AMOUNT OF BENEFITS AUTHORIZED WHICH IS POTENTIALLY SUBJECT TO THE FEDERAL INCOME TAX. ENTER THIS FIGURE IN BOX 1 OF THE W-2. DO NOT INCLUDE IN BOX 17 OF THE W-2. TEMPORARY DISABILITY BENEFITS ARE NOT SUBJECT TO THE NEW JERSEY STATE INCOME TAX.

COLUMN C: F.I.C.A. TAXABLE AMOUNT
THE AMOUNT OF BENEFITS AUTHORIZED WHICH WAS SUBJECT TO BOTH SOCIAL SECURITY (OLD AGE, SURVIVORS AND DISABILITY INSURANCE) AND MEDICARE TAXES. ENTER THIS FIGURE IN BOXES 3 AND 5.

COLUMN D: F.I.C.A. DEDUCTION:
THE AMOUNT OF BENEFITS AUTHORIZED WHICH WAS DEDUCTED FOR CLAIMANT'S PORTION OF F.I.C.A. ENTER THIS FIGURE IN BOX 4.

COLUMN E: MEDICARE DEDUCTION:
THE AMOUNT OF BENEFITS AUTHORIZED WHICH WAS DEDUCTED FOR MEDICARE. ENTER THIS FIGURE IN BOX 6.

COLUMN F: F.I.T. DEDUCTION:
THE AMOUNT OF BENEFITS AUTHORIZED WHICH WAS DEDUCTED FOR THE FEDERAL INCOME TAX. THIS DEDUCTION IS WITHHELD ONLY UPON A CLAIMANT'S REQUEST AND FILING OF FORM W-4S. ENTER THIS FIGURE IN BOX 2 OF THE W-2. DO NOT INCLUDE IN BOX 18 OF THE W-2.
TEMPORARY DISABILITY BENEFITS ARE NOT SUBJECT TO THE NEW JERSEY STATE INCOME TAX.

NOTE: THE AMOUNTS ON THIS NOTICE ARE FOR PAYMENTS MADE IN THE CALENDAR YEAR STATED. THE AMOUNTS MAY NOT MATCH TOTAL AMOUNTS FROM YOUR DISABILITY EMPLOYER CHARGE NOTICES WHICH MAY INCLUDE ADJUSTMENTS TO PAYMENTS MADE IN PREVIOUS YEARS.