



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 2015 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 2015 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 2015 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.

2015 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 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 Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12		
		13. Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
		14. Other		12c		
		UI/WF/SWF -136.00 DI -80.00 DI P.P. # XXXXXXXXXXXX		12b		
f. Employee's address and ZIP code						
15 State NJ	Employer's state ID number 234-567-890/000	16 State wages, tips, etc. 32,250.00	17 State income tax 525.00	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
FLI P.P. #		XXXXXXXXXX	28.80 - FLI			

W-2 Wage and Tax Statement

2015

New Jersey Taxpayer Identification Number

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.

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.

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 2015 is \$32,000.

Disability Insurance Private Plan Number (DI P. P. Number)

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.

Department of Treasury - Internal Revenue Service

2015 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						
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 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 Employee's first name and initial	Last name	Suff.	11 Nonqualified plans		12a See instructions for box 12	
			13. Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b CODE
			14. Other		12c CODE	12d CODE
f. Employee's address and ZIP code						
15 State NJ	Employer's state ID number 234-567-890/000	16 State wages, tips, etc. 32,250.00	17 State income tax 525.00	18 Local wages, tips, etc. XXXXXXX	19 Local income tax 136.00 80.00	20 Locality name UI/WF/SWF DI
	DI P.P. # XXXXXXXXXX		FLI P.P. #	XXXXXXX	28.80	FLI

Department of Treasury - Internal Revenue Service

W-2 Wage and Tax Statement

2015

Disability Insurance Private Plan Number (DI P.P. Number)

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.

New Jersey Taxpayer Identification Number

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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.

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 2015 is \$32,000.00.

2015 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 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 Employee's first name and initial		Last name		Suff.		
		11 Nonqualified plans		12a See instructions for box 12		
		13. Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b C O D E		
		14. Other		12c		
		UI/WF/SWF -136.00		C O D E		
		DI -80.00		12b		
		FLI - 28.80		C O D E		
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 income tax	20 Locality name
NJ	234-567-890/000	32,250.00	525.00		XXXXXXXXXX	DI P.P. #
					XXXXXXXXXX	FLI P.P. #

