



# W-2/PAYSTUB RECONCILIATION WORKSHEET

Please use the following procedures to compare your year end pay-stub with your W-2 information.

From your year end SOI pay-stub:	
1. Enter your Year-To-Date total gross wages here:	Total gross wages can be found in the fourth column of your SOI pay-stub just above your Year-To-Date Net Pay. This is your total salary, hourly wages or tips before any deductions.
2. Enter your medical, dental and vision Year-To-Date deductions here:	Medical, dental and vision deductions are tax exempt and are paid on a pre-tax basis. Please note: if you changed health care programs or coverage tiers during the year, you will have separate deduction line items for each coverage type.
3. Subtract line two from line one here:	This amount will equal your Social Security Wages, which can be found in Box 3 of your W-2.
4. Enter your 401k Year-To-Date contributions here:	
5. Subtract line four from line three here:	This amount will equal your wages, tips or other compensation, which can be found in Box 1 of your W-2. Please note: if you are tip earner, the total in Box 1 will equal the sum of the totals in Box 3 and Box 7.

Company Name and Address		Employee Name		Check No.	Pay Date.	Sort	Net Pay
Tornado Chasers Express 321 Toto Lane Windblown, KS 66101		Dorothy Oz		0001234567	12/28/2003	YES	388.37
Period Ending		Check Date	Social Security No.	ID No.	Fed	State	
12/27/2005		12/30/2005	999-99-9999	7654321	SOO	SOO	
Earnings Type	Rate	Hours	Amount	Year-to-Date	Deduction Type	Amount	Year-to-Date
REGULAR	14.350	40.00	574.00	27896.40	FED W/H	62.03	3225.56
VACATION	0.000	0.00	0.00	1148.00	FICA	31.60	1643.20
HOLIDAY	0.000	0.00	0.00	803.60	FICA MED	7.39	384.28
					STATE W/H	20.32	1056.64
					CHOICE EE	32.44	1686.88
					DENTAL	11.08	576.16
					VISION	3.55	184.60
					401K CONTRIB	17.22	895.44
		<b>40.00</b>	<b>574.00</b>	<b>29848.00</b>		<b>185.63</b>	<b>9652.76</b>
<b>Year To Date NET PAY</b>				<b>20195.24</b>	<b>NET PAY</b>		<b>388.37</b>

Year-To-Date Total Gross Wages	Medical Year-To-Date Deductions	Dental Year-To-Date Deductions
	Vision Year-To-Date Deductions	401k Year-To-Date Contributions

Box 1 / Wages, Tips, Other Comp  
 Box 2 / Social Security Wages  
 Box 7 / Social Security Tips

OMB No. 1545-0008

**COPY C - For EMPLOYEE'S RECORDS**

(See Notice to Employee on the back of Copy B.)

**1** Wages, tips, other compensation

**2** Federal income tax withheld

**3** Social security wages

**4** Social security tax withheld

**5** Medicare wages and tips

**6** Medicare tax withheld

**a** Employer's name, address, and ZIP code

**7** Social security tips

**8** Allocated tips

**12a** See instructions for box 12

**9** Advance EIC payment

**10** Dependent care benefits

**12b**

**11** Nonqualified plans

**14** Other

**12c**

**12d**

**b** Employer identification number (EIN)

**c** Employee's social security number

**13** Statutory employee Retirement plan Third-party sick pay

**e** Employee's name, 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