

General Information

Name: Mr Clayton Brooke Wooten

Address: 273 James Dr, Wewahitchka, FL 32465

PID 254511

County: Gulf

AGENCY INFORMATION

Organization	Suborganization	Title
Gulf County School Board	Elected Constitutional Officer	School Board Member

Net WorthMy Net Worth as of July 1, 2023 was \$ 157,200.00.**Assets**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence Home	\$ 275,000.00
Checking Account	\$ 14,000.00
Savings	\$ 40,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo	PO Box 10335. Des Moines, IA 50306	\$ 115,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

☒ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Clayton Brooke Wooten

Digitally signed: 07/10/2023

Filed with COE: 07/10/2023

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Clayton B		Last name Wooten	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Kristin T		Last name Wooten	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 273 James Dr			Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Wewahitchka		State FL	ZIP code 324657917
Foreign country name		Foreign province/state/county	Foreign postal code
			☐ You ☐ Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Aleah B	Wooten	[REDACTED]	Daughter	☐	☒
Caden L	Wooten	[REDACTED]	Son	☐	☒
				☐	☐
				☐	☐

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under Standard Deduction, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 147,205.		
	b Household employee wages not reported on Form(s) W-2	1b		
	c Tip income not reported on line 1a (see instructions)	1c		
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d		
	e Taxable dependent care benefits from Form 2441, line 26	1e		
	f Employer-provided adoption benefits from Form 8839, line 29	1f		
	g Wages from Form 8919, line 6	1g		
	h Other earned income (see instructions)	1h 0.		
	i Nontaxable combat pay election (see instructions)	1i		
	z Add lines 1a through 1h	1z 147,205.		
	2a Tax-exempt interest	2a	b Taxable interest	2b 77.
	3a Qualified dividends	3a	b Ordinary dividends	3b
	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions)				
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here			7	
8 Other income from Schedule 1, line 10			8	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9 147,282.	
10 Adjustments to income from Schedule 1, line 26			10	
11 Subtract line 10 from line 9. This is your adjusted gross income			11 147,282.	
12 Standard deduction or itemized deductions (from Schedule A)			12 25,900.	
13 Qualified business income deduction from Form 8995 or Form 8995-A			13	
14 Add lines 12 and 13			14 25,900.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15 121,382.	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	17,938.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	17,938.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,000.
	20	Amount from Schedule 3, line 8	20	8.
	21	Add lines 19 and 20	21	1,008.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	16,930.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	16,930.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	7,971.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	7,971.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) ☐ No	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	6.
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	6.
33	Add lines 25d, 26, and 32. These are your total payments	33	7,977.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																				
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a																				
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: ☐ Checking ☐ Savings	X	X	X	X	X	X	X	X	X	X											
	X	X	X	X	X	X	X	X	X	X													
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36	Amount of line 34 you want applied to your 2023 estimated tax	36																				
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	9,088.																			
	38	Estimated tax penalty (see instructions)	38	135.																			

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes . Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			Senior Project Manager	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Teacher		
	Phone no. (850) [REDACTED]	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Self-Prepared			
	Firm's address	Phone no. Firm's EIN			

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Clayton B & Kristin T Wooten

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	8.
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Alternative motor vehicle credit. Attach Form 8910	6e	
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	8.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b	
c	Reserved for future use	13c	
d	Credit for repayment of amounts included in income from earlier years	13d	
e	Reserved for future use	13e	
f	Deferred amount of net 965 tax liability (see instructions)	13f	
g	Reserved for future use	13g	
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

**Credits for Qualifying Children
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment
Sequence No. **47**

Name(s) shown on return

Clayton B & Kristin T Wooten

Your social security number

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	147,282.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	147,282.
4	Number of qualifying children under age 17 with the required social security number	4	0
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	1,000.
8	Add lines 5 and 7	8	1,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11? ☐ No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. ☒ Yes. Subtract line 11 from line 8. Enter the result.	12	1,000.
13	Enter the amount from the Credit Limit Worksheet A	13	17,930.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	1,000.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	☐
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	18a
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? ☐ No. Leave line 19 blank and enter -0- on line 20. ☐ Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? ☐ No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. ☐ Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
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Education Credits
(American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/Form8863 for instructions and the latest information.**2022**Attachment
Sequence No. **50**

Name(s) shown on return

Your social security number

Clayton B & Kristin T Wooten

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	14.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . .	2	180,000.
3	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . .	3	147,282.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit . . .	4	32,718.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . .	5	20,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ☐ . . .	7	14.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . .	8	6.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	9	8.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	10	
11	Enter the smaller of line 10 or \$10,000 . . .	11	
12	Multiply line 11 by 20% (0.20) . . .	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . .	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . .	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . .	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . .	19	8.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 03/22/23 TTO

Form **8863** (2022)

Name(s) shown on return

Your social security number

Clayton B & Kristin T Wooten



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Aleah B Wooten	21 Student social security number (as shown on page 1 of your tax return)
22 Educational institution information (see instructions)	
a. Name of first educational institution Florida State University (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 282 Champions Way A1500 University Center A Tallahassee FL 323060001 (2) Did the student receive Form 1098-T from this institution for 2022? ☒ Yes ☐ No (3) Did the student receive Form 1098-T from this institution for 2021 with box ☐ Yes ☒ No 7 checked? (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 59-1961248	b. Name of second educational institution (if any) Gulf Coast State College (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 5230 US 98 Panama City FL 32401 (2) Did the student receive Form 1098-T from this institution for 2022? ☐ Yes ☒ No (3) Did the student receive Form 1098-T from this institution for 2021 with box ☒ Yes ☐ No 7 checked? (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 59-1208155
23 Has the American opportunity credit been claimed for this student for any 4 prior tax years? ☐ Yes — Stop! Go to line 31 for this student. ☒ No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2022 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. ☒ Yes — Go to line 25. ☐ No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2022? See instructions. ☐ Yes — Stop! Go to line 31 for this student. ☒ No — Go to line 26.	
26 Was the student convicted, before the end of 2022, of a felony for possession or distribution of a controlled substance? ☐ Yes — Stop! Go to line 31 for this student. ☒ No — Complete lines 27 through 30 for this student.	



You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	14.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	0.
29 Multiply line 28 by 25% (0.25)	29	0.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	14.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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27726.43	1060.58
1 Wages, tips, other comp.	2 Federal income tax withheld
28584.00	1772.25
3 Social security wages	4 Social security tax withheld
28584.00	414.46
5 Medicare wages and tips	6 Medicare tax withheld
Employee's name, address, and ZIP code	
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456	
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 8100.00
13 Statutory employee Retirement plan Third-party sick pay	12b
X	12c
14	12d
FRS 492.91	Employee's social security no.
4RETE 364.66	Employer ID number (EIN)
	59-6000626
CLAYTON B WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465	
Employee's name, address, and ZIP code	
15 St. Employer's state ID number	16 State wages, tips, etc.
FL	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	
Wage and Tax Statement Form W-2 Copy B To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service	

27726.43	1060.58
1 Wages, tips, other comp.	2 Federal income tax withheld
28584.00	1772.25
3 Social security wages	4 Social security tax withheld
28584.00	414.46
5 Medicare wages and tips	6 Medicare tax withheld
Employee's name, address, and ZIP code	
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456	
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 8100.00
13 Statutory employee Retirement plan Third-party sick pay	12b
X	12c
14	12d
FRS 492.91	Employee's social security no.
4RETE 364.66	Employer ID number (EIN)
	59-6000626
CLAYTON B WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465	
Employee's name, address, and ZIP code	
15 St. Employer's state ID number	16 State wages, tips, etc.
FL	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	
Wage and Tax Statement Form W-2 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service	

27726.43	1060.58
1 Wages, tips, other comp.	2 Federal income tax withheld
28584.00	1772.25
3 Social security wages	4 Social security tax withheld
28584.00	414.46
5 Medicare wages and tips	6 Medicare tax withheld
Employee's name, address, and ZIP code	
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456	
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 8100.00
13 Statutory employee Retirement plan Third-party sick pay	12b
X	12c
14	12d
FRS 492.91	Employee's social security no.
4RETE 364.66	Employer ID number (EIN)
	59-6000626
CLAYTON B WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465	
Employee's name, address, and ZIP code	
15 St. Employer's state ID number	16 State wages, tips, etc.
FL	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	
Wage and Tax Statement Form W-2 Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service	

27726.43	1060.58
1 Wages, tips, other comp.	2 Federal income tax withheld
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Employee's name, address, and ZIP code	
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456	
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 8100.00
13 Statutory employee Retirement plan Third-party sick pay	12b
X	12c
14	12d
FRS 492.91	Employee's social security no.
4RETE 364.66	Employer ID number (EIN)
	59-6000626
CLAYTON B WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465	
Employee's name, address, and ZIP code	
15 St. Employer's state ID number	16 State wages, tips, etc.
FL	17 State income tax
18 Local wages, tips, etc.	19 Local income tax
20 Locality name	
Wage and Tax Statement Form W-2 Copy C - For EMPLOYEE'S RECORDS OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service	

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 3. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
Box 4. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Box 5. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 6. You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).
Box 7. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.
Box 8. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nonqualified section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.
Box 9. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and G) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.
However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(a) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals.
For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.
Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5).
D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
E—Elective deferrals under a section 403(b) salary reduction agreement.
F—Elective deferrals under a section 408(a)(6) salary reduction SEP.
G—Elective deferrals and employer contributions (including nonselective deferrals) to a section 457(b) deferred compensation plan.
H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
J—Nontaxable sick pay (information only, not included in box 1, 3, or 5).
K—20% excise tax on excess gold and silver coin payments. See the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable).
M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).
Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
R—Employer contributions to your Archer MSA. Report on Form 8883, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.
V—Income from exercise of nonstatutory stock options (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.
W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8888, Health Savings Accounts (HSAs).
Y—Deferrals under a section 409A nonqualified deferred compensation plan.
Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 459. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA—Designated Roth contributions under a section 401(k) plan.
BB—Designated Roth contributions under a section 403(b) plan.
DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
FF—Permitted benefits under a qualified small employer health reimbursement arrangement.
GG—Income from qualified equity grants under section 83(i).
HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year.
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employees use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.
Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.
Notice to Employee
Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC for 2022 or 2023 if you are a nonresident alien or if you are a resident alien who is in the U.S. on a temporary basis. The EIC is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/EIC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.
Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.ssa.gov.
Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.
Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,114 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

30941.59		2823.15	
1 Wages, tips, other comp.	2 Federal income tax withheld		
32229.44	1998.16		
3 Social security wages	4 Social security tax withheld		
32229.44	467.33		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code			
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a BB 300.00		
	12b DD 18750.48		
13 Statutory employee Retirement plan Third-party sick pay	12c		
X	12d		
14 FRS 1287.85	Employee's social security no.		
	Employer ID number (EIN)		
	59-6000626		
Control number			
KRISTIN T WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465			
Employee's name, address, and ZIP code			
15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
FL			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Wage and Tax Statement Form Copy B This information is being furnished to the IRS. W-2 To Be Filed With Employee's 2022 FEDERAL Tax Return. Department of the Treasury - Internal Revenue Service			

30941.59		2823.15	
1 Wages, tips, other comp.	2 Federal income tax withheld		
32229.44	1998.16		
3 Social security wages	4 Social security tax withheld		
32229.44	467.33		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code			
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a BB 300.00		
	12b DD 18750.48		
13 Statutory employee Retirement plan Third-party sick pay	12c		
X	12d		
14 FRS 1287.85	Employee's social security no.		
	Employer ID number (EIN)		
	59-6000626		
Control number			
KRISTIN T WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465			
Employee's name, address, and ZIP code			
15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
FL			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Wage and Tax Statement Form Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. W-2 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service			

30941.59		2823.15	
1 Wages, tips, other comp.	2 Federal income tax withheld		
32229.44	1998.16		
3 Social security wages	4 Social security tax withheld		
32229.44	467.33		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code			
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a BB 300.00		
	12b DD 18750.48		
13 Statutory employee Retirement plan Third-party sick pay	12c		
X	12d		
14 FRS 1287.85	Employee's social security no.		
	Employer ID number (EIN)		
	59-6000626		
Control number			
KRISTIN T WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465			
Employee's name, address, and ZIP code			
15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
FL			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Wage and Tax Statement Form Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. W-2 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service			

30941.59		2823.15	
1 Wages, tips, other comp.	2 Federal income tax withheld		
32229.44	1998.16		
3 Social security wages	4 Social security tax withheld		
32229.44	467.33		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code			
GULF COUNTY SCHOOL DISTRICT 150 MIDDLE SCHOOL ROAD PORT SAINT JOE FL 32456			
7 Social security tips	8 Allocated tips		
9	10 Dependent care benefits		
11 Nonqualified plans	12a BB 300.00		
	12b DD 18750.48		
13 Statutory employee Retirement plan Third-party sick pay	12c		
X	12d		
14 FRS 1287.85	Employee's social security no.		
	Employer ID number (EIN)		
	59-6000626		
Control number			
KRISTIN T WOOTEN 273 JAMES DRIVE WEWAHITCHKA FL 32465			
Employee's name, address, and ZIP code			
15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
FL			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Wage and Tax Statement Form Copy C — For EMPLOYEE'S RECORDS W-2 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 2022 OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service			

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.
Box 2. Enter this amount on the federal income tax withheld line of your tax return.
Box 3. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Form 1040 instructions to determine if you are required to complete Form 8959.
Box 4. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.
Box 5. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.
Box 6. You must file Form 437, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 437 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 437, your social security tips will be credited to your social security record (used to figure your benefits).
Box 7. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.
Box 8. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.
Box 9. The following list explains the codes shown in box 12: You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$20,500 (\$14,000 if you only have SIMPLE plans; \$23,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$20,500. Deferrals under code H are limited to \$7,000.
Box 10. However, if you were at least age 50 in 2022, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(a) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.
Box 11. Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.
A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.
C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5).
D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.
E—Elective deferrals under a section 403(b) salary reduction agreement.
F—Elective deferrals under a section 408(a)(6) salary reduction SEP.
G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan.
H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.
J—Nontaxable sick pay (information only, not included in box 1, 3, or 5).
K—20% excise tax on excess gold parachute payments. See the Form 1040 instructions.
L—Substantiated employee business expense reimbursements (nontaxable).
M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.
P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5).
Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.
R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1).
T—Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to figure any taxable and nontaxable amounts.
Y—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525, Taxable and Nontaxable Income, for reporting requirements.
W—Employer contributions (including amounts the employee elected to contribute using a traditional IRA contribution) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).
Z—Deferrals under a section 409A nonqualified deferred compensation plan.
Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.
AA—Designated Roth contributions under a section 401(k) plan.
BB—Designated Roth contributions under a section 403(b) plan.
DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.
EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.
FF—Permitted benefits under a qualified small employer health reimbursement arrangement (HRA).
GG—Income from qualified equity grants under section 83(i).
HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year.
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employer to the employer in railroad retirement (RRTA) compensation.
Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.
Notice to Employee
Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.
Earned income credit (EIC). You may be able to take the EIC for 2022 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2022 or if income is earned for services provided while you were an inmate at a penal institution. For 2022 income limits and more information, visit www.irs.gov/efrc. See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**
Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).
Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.
Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.ssa.gov.
Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.
Credit for excess taxes. If you had more than one employer in 2022 and more than \$9,194 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,350.80 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Year To Date Earnings

Group Term Life 146.54
Regular Pay 103089.60

Year To Date Deductions

PreTax 401K 14697.77

008-011323-W2-32465-PBGA

Social Security No.
[REDACTED]

a Employee's social security number [REDACTED]		d Control number [REDACTED]		7 Social security tips		1 Wages, tips, other compensation 88538.37		2 Federal income tax withheld 4088.03	
c Employer's name, address, and ZIP code WSP USA Administration Inc. 4139 Oregon Pike Ephrata, PA 17522				8 Allocated tips		3 Social security wages 103236.14		4 Social security tax withheld 6400.64	
				9		5 Medicare wages and tips 103236.14		6 Medicare tax withheld 1496.92	
				10 Dependent care benefits		12a See instructions for box 12 C 146.54		12b D 14697.77	
b Employer identification number (EIN) 91-0852417				11 Nonqualified plans		12c		12d	
e Employee's first name and initial Last name Suff. CLAYTON B WOOTEN 273 JAMES DR WEWAHITCHKA, FL 32465				13 Statutory Retirement Third-party employee plan sick pay ☐ ☒ ☐		14 Other			
f Employee's address and ZIP code									
15 State Employer's State ID No		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
								20 Locality name	

2022
OMB No. 1545-0008

Form W-2 Wage and Tax Statement

Employee's Copy

Copy C - For EMPLOYEE'S RECORDS. (See Notice to Employee on back.)
Department of the Treasury-Internal Revenue Service. This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2022
OMB No. 1545-0008

Form W-2 Wage and Tax Statement

State Filing Copy

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.
Department of the Treasury-Internal Revenue Service.

a Employee's social security number [REDACTED]		d Control number [REDACTED]		7 Social security tips		1 Wages, tips, other compensation 88538.37		2 Federal income tax withheld 4088.03	
c Employer's name, address, and ZIP code WSP USA Administration Inc. 4139 Oregon Pike Ephrata, PA 17522				8 Allocated tips		3 Social security wages 103236.14		4 Social security tax withheld 6400.64	
				9		5 Medicare wages and tips 103236.14		6 Medicare tax withheld 1496.92	
				10 Dependent care benefits		12a See instructions for box 12 C 146.54		12b D 14697.77	
b Employer identification number (EIN) 91-0852417				11 Nonqualified plans		12c		12d	
e Employee's first name and initial Last name Suff. CLAYTON B WOOTEN 273 JAMES DR WEWAHITCHKA, FL 32465				13 Statutory Retirement Third-party employee plan sick pay ☐ ☒ ☐		14 Other			
f Employee's address and ZIP code									
15 State Employer's State ID No		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
								20 Locality name	

2022
OMB No. 1545-0008

Form W-2 Wage and Tax Statement

Federal Filing Copy

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
Department of the Treasury-Internal Revenue Service.

a Employee's social security number [REDACTED]		d Control number [REDACTED]		7 Social security tips		1 Wages, tips, other compensation 88538.37		2 Federal income tax withheld 4088.03	
c Employer's name, address, and ZIP code WSP USA Administration Inc. 4139 Oregon Pike Ephrata, PA 17522				8 Allocated tips		3 Social security wages 103236.14		4 Social security tax withheld 6400.64	
				9		5 Medicare wages and tips 103236.14		6 Medicare tax withheld 1496.92	
				10 Dependent care benefits		12a See instructions for box 12 C 146.54		12b D 14697.77	
b Employer identification number (EIN) 91-0852417				11 Nonqualified plans		12c		12d	
e Employee's first name and initial Last name Suff. CLAYTON B WOOTEN 273 JAMES DR WEWAHITCHKA, FL 32465				13 Statutory Retirement Third-party employee plan sick pay ☐ ☒ ☐		14 Other			
f Employee's address and ZIP code									
15 State Employer's State ID No		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	
								20 Locality name	