

Name DIANE W BLUITT	Social Security Number 436-84-7564
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Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below

<p>a Employee's social security No . <u>436-84-7564</u></p> <p>b Employer's ID number <u>74-6001164</u></p> <p>c Employer's name, address, and ZIP code <u>CITY OF HOUSTON</u></p> <hr/> <p>Street <u>901 BAGBY</u></p> <p>City <u>HOUSTON</u></p> <p>State <u>TX</u> ZIP Code <u>77002</u></p> <p>Foreign Country _____</p> <hr/> <p>d Control number . _____</p> <hr/> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>DIANE</u> M.I. <u>W</u> Last <u>BLUITT</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>14120 ALMEDA SCHOOL ROAD</u> City <u>HOUSTON</u> State <u>TX</u> ZIP Code <u>77047</u> Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>28,431.80</u></p> <p>3 Social security wages <u>28,431.80</u></p> <p>5 Medicare wages and tips <u>28,431.80</u></p> <p>7 Social security tips _____</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p>	<p>2 Federal income tax withheld <u>2,969.79</u></p> <p>4 Social security tax withheld <u>1,194.14</u></p> <p>6 Medicare tax withheld <u>412.26</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>Distributions from sect. 457 and nonqualified plans <i>(Important, see Help)</i> _____</p>
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Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		M: Enter amount attributable to RRTA Tier 2 tax _____
		P: Double click to link to Form 3903, line 4. . . . _____
		R: Enter MSA contribution for Taxpayer _____
		Spouse _____
		W: Enter HSA contribution for Taxpayer _____
		Spouse _____
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Name
DIANE W BLUITT
Employer's Name CITY OF HOUSTON

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ADDITIONAL INFORMATION

Part I Foreign Income

1 The income reported on this W-2 is from a foreign source **and** is eligible to be excluded on Form 2555

Part II Electronic Filing

Complete if you are filing this return electronically.

2 a This W-2 is 'non-standard' (handwritten, typewritten, or altered in any way)
b This W-2 is a corrected W-2

Part III Statutory Employees

Complete if box 13 Statutory employee box is checked.

3 Will you be deducting any expenses in connection with this income? Yes No
4 If so, select the copy of Schedule C you want to report this income on (double-click) _____

Part IV Dependent Care Benefits

Complete if box 10 of this W-2 has an entry.

5 Did this employer hire an on-staff care provider or furnish dependent care at your workplace? Yes No
6 Enter any amounts forfeited from a flexible spending account _____

Part V Clergy, Church Employees, Members of Recognized Religious Sects

Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.

Clergy only:

7 a Enter your designated housing or parsonage allowance _____
b Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value _____
If no FICA was withheld, check box c, d, e, or f below as appropriate

- c** Pay self-employment tax on housing or parsonage allowance only
- d** Pay self-employment tax on W-2 income only
- e** Pay self-employment tax on both W-2 income and housing allowance
- f** Exempt from SE tax and have an approved exemption Form 4361

Non-clergy:

If no FICA was withheld, check box a or b below as appropriate

8 a Pay self-employment tax on this W-2 income
b Exempt from SE tax and have an approved exemption Form 4029

Part VI Military

9 a Active duty military pay
b **Non-taxable** combat pay (From box 12, Code Q) _____

Part VII Unreported Tip Income

10 a Tips \$20 or more in a month which were not reported to employer _____
b Tips less than \$20 in a month which were not required to be reported _____
c Value of non-cash tips, such as tickets or passes, not reported to employer _____
d Actual amount of allocated tips if different than the amount in box 8 _____
e Tips paid out by you through a tip-sharing arrangement _____
f Employer is a federal, state, or local government and tips only subject to Medicare tax

Part VIII Inmate In a Penal Institution

11 a Pay from work performed while an inmate in a penal institution

Part IX Paid Family Leave

12 a Income from Paid Family Leave