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|---|----------------------------|--|--|--|----------------------------|-------------------------|--|
| | | a Employee's social security number | 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. | | | | |
| | | OMB No. 1545-0029 | | | | | |
| 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 | | 10 Dependent care benefits | | | |
| e Employee's name, address, and ZIP code | | 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 | | | |
| | | 14 Other | | 12c | | | |
| | | | | 12d | | | |
| 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 | |
| | | | | | | | |

Form **W-2** Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS (See *Notice to Employee on the back of Copy B.*) or **Copy 2 to be Filed With Employee's State, City or Local Income Tax Return**

2025

Department of the Treasury—Internal Revenue Service

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