

Copy B To Be Filed With Employee's Federal Tax Return			2024OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	3 Social security wages	4 Social security tax withheld			
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld			
	c Employer's name, address, and ZIP code				
d Control number					
e Employee's name, address, and ZIP codeSuff.					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans			
See instructions for box 1212a		13 Stat. Emp.		Ret. plan 3rd-party sick pay	
12b		14 Other			
12c					
12d					
15 State Employer's state ID #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			2024OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	3 Social security wages	4 Social security tax withheld			
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld			
	c Employer's name, address, and ZIP code				
d Control number					
e Employee's name, address, and ZIP codeSuff.					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans			
12a		13 Stat. Emp.		Ret. plan 3rd-party sick pay	
12b		14 Other			
12c					
12d					
15 State Employer's state ID #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			2024OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	3 Social security wages	4 Social security tax withheld			
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld			
	c Employer's name, address, and ZIP code				
d Control number					
e Employee's name, address, and ZIP codeSuff.					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans			
See instructions for box 1212a		13 Stat. Emp.		Ret. plan 3rd-party sick pay	
12b		14 Other			
12c					
12d					
15 State Employer's state ID #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			2024OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld			
	3 Social security wages	4 Social security tax withheld			
b Employer ID number (EIN)	5 Medicare wages and tips	6 Medicare tax withheld			
	c Employer's name, address, and ZIP code				
d Control number					
e Employee's name, address, and ZIP codeSuff.					
7 Social security tips		8 Allocated tips		9	
10 Dependent care benefits		11 Nonqualified plans			
12a		13 Stat. Emp.		Ret. plan 3rd-party sick pay	
12b		14 Other			
12c					
12d					
15 State Employer's state ID #		16 State wages, tips, etc.		17 State income tax	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	