


		<b>a</b> Employee's social security number		Safe, accurate, <b>FAST! Use</b>		 Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
				OMB No. 1545-0008			
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld	
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld	
				<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's name, address, and ZIP code Suff.				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
				<b>13</b> <div style="display: flex; justify-content: space-around;"> <div>Statutory employee <input type="checkbox"/></div> <div>Retirement plan <input type="checkbox"/></div> <div>Third-party sick pay <input type="checkbox"/></div> </div>		<b>12b</b>	
				<b>14</b> Other		<b>12c</b>	
						<b>12d</b>	
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

2024

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.

		<b>a</b> Employee's social security number		OMB No. 1545-0008 <div style="font-size: small;">           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.         </div>			
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld	
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld	
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld	
				<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>d</b> Control number				<b>9</b>		<b>10</b> Dependent care benefits	
<b>e</b> Employee's name, address, and ZIP code Suff.				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
				<b>13</b> <div style="display: flex; justify-content: space-around;"> <div>Statutory employee <input type="checkbox"/></div> <div>Retirement plan <input type="checkbox"/></div> <div>Third-party sick pay <input type="checkbox"/></div> </div>		<b>12b</b>	
				<b>14</b> Other		<b>12c</b>	
						<b>12d</b>	
<b>15</b> State	Employer's state ID number	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name	

Form **W-2** Wage and Tax Statement

2024

Department of the Treasury—Internal Revenue Service

**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**

Safe, accurate,  
**FAST! Use**

