

Form W-2 Wage and Tax Statement 2024

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number	Copy B To Be Filed With Employee's FEDERAL Tax Return			Employer identification number (EIN)	1 Wages, tips, other comp.	2 Federal income tax withheld
Employer's name, address, and ZIP code				Employee's social security number	3 Social security wages	4 Social security tax withheld
				7 Social security tips	5 Medicare wages and tips	6 Medicare tax withheld
				8 Allocated tips	9	10 Dependent care benefits
Employee's name, address, and ZIP code Suff.				11 Nonqualified plans	12a - 12d Code See inst. for box 12	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
				14 Other		
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

This information is being furnished to the Internal Revenue Service

www.irs.gov/efile

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Department of the Treasury - Internal Revenue Service

Control number	Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).			Employer identification number (EIN)	1 Wages, tips, other comp	2 Federal income tax withheld
Employer's name, address, and ZIP code				Employee's social security number	3 Social security wages	4 Social security tax withheld
				7 Social security tips	5 Medicare wages and tips	6 Medicare tax withheld
				8 Allocated tips	9	10 Dependent care benefits
Employee's name, address, and ZIP code Suff.				11 Nonqualified plans	12a - 12d Code See inst. for box 12	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
				14 Other		
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

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.

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OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Control number	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			Employer identification number (EIN)	1 Wages, tips, other comp	2 Federal income tax withheld
Employer's name, address, and ZIP code				Employee's social security number	3 Social security wages	4 Social security tax withheld
				7 Social security tips	5 Medicare wages and tips	6 Medicare tax withheld
				8 Allocated tips	9	10 Dependent care benefits
Employee's name, address, and ZIP code Suff.				11 Nonqualified plans	12a - 12d Code	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
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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

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Control number	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			Employer identification number (EIN)	1 Wages, tips, other comp	2 Federal income tax withheld
Employer's name, address, and ZIP code				Employee's social security number	3 Social security wages	4 Social security tax withheld
				7 Social security tips	5 Medicare wages and tips	6 Medicare tax withheld
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Employee's name, address, and ZIP code Suff.				11 Nonqualified plans	12a - 12d Code	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>
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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