

22222	VOID <input type="checkbox"/>	a Employee's social security number	For Official Use Only OMB No. 1545-0008			
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 first name and initial		Last name	Suff.	11 Nonqualified plans	12a See instructions for box 12	
				12b	12c	12d
f Employee's address and ZIP code		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

Form **W-2 Wage and Tax Statement** **2024** Department of the Treasury—Internal Revenue Service  
**Copy A—For Social Security Administration.** Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411  
**Do Not Cut, Fold, or Staple Forms on This Page**

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Form **W-2 Wage and Tax Statement** **2024** Department of the Treasury—Internal Revenue Service  
**Copy A—For Social Security Administration.** Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411 LW2A 5201

14 Other		12b	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** **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. LW2B 5202

14 Other		12b	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** **2024** Department of the Treasury—Internal Revenue Service  
**Copy C—For EMPLOYEE'S RECORDS (See Notice to Employees on the back of Copy B) or COPY 2 to be Filed With Employee's State, City or Local Income Tax Return** LW2C/LW22 5203

14 Other		12b	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** **2024** Department of the Treasury—Internal Revenue Service  
**Copy 1—For State, City, or Local Tax Department**  
**Copy D—For Employer.** LW2D1 5204

14 Other		12b	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

Department of the Treasury—Internal Revenue Service

14 Other		12b	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

Department of the Treasury—Internal Revenue Service

14 Other		12b	12c	12d		
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Department of the Treasury—Internal Revenue Service

14 Other		12b	12c	12d		
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Department of the Treasury—Internal Revenue Service

### E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2)*.

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2025**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa). First-time filers, select "Register"; returning filers, select "Log In."

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

LW3

41-0852411

5200

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2025**.

### Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

**Social Security Administration**  
**Direct Operations Center**  
**Wilkes-Barre, PA 18769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Pub. 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

### Forms

Department of the Treasury  
Internal Revenue Service

Third-party sick pay (Check if applicable)

Federal gov.

101c

2 Federal income tax withheld

4 Social security tax withheld

6 Medicare tax withheld

8 Allocated tips

10 Dependent care benefits

12a Deferred compensation

12b

19 Local income tax

For Official Use Only

Knowledge and belief, they are true, correct, and

Date:

Department of the Treasury  
Internal Revenue Service

tion (SSA).