

22222		VOID <input type="checkbox"/>	a Employee's social security number	For Official Use Only 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 first name and initial		Last name	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			
f Employee's address and ZIP code									
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** **2025** 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  
**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**  
**Do Not Cut, Fold, or Staple Forms on This Page**

22222		VOID <input type="checkbox"/>	a Employee's social security number	For Official Use Only 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			
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			7 Social security tips			8 Allocated tips			
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e Employee's first name and initial		Last name	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			
f Employee's address and ZIP code									
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** **2025** Department of the Treasury—Internal Revenue Service  
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5201

				14 Other		12b			
				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** **2025** 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.  
5202

				14 Other		12b			
				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** **2025** Department of the Treasury—Internal Revenue Service  
**Safe, accurate, FAST! Use** **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**  
5203

				14 Other		12b			
				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** **2025** Department of the Treasury—Internal Revenue Service  
**Copy 1—For State, City, or Local Tax Department**  
**Copy D—For Employer.**  
5204

				14 Other		12b			
				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			

Department of the Treasury—Internal Revenue Service

				14 Other		12b			
				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			

Department of the Treasury—Internal Revenue Service

				14 Other		12b			
				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			

Department of the Treasury—Internal Revenue Service

				14 Other		12b			
				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			

Department of the Treasury—Internal Revenue Service

				14 Other		12b			
				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			

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 **February 02, 2026**. For more information, go to [www.SSA.gov/bsa](http://www.SSA.gov/bsa).

Mail Form W-3 with Copy A of Form(s) W-2 by **February 02, 2026**.

**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 15769-0001**

**Note:** If you use "Certified Mail" to file, change the ZIP code to "19769-0002." 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 "19702-7997." Go to [www.irs.gov/PDS](http://www.irs.gov/PDS) for a list of IRS-approved private delivery services.

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

41-0852411

5200

govt.	Third-party sick pay
501c Federal govt.	(Check if applicable)
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	
12c	
12d	
19 Local income tax	
20 Locality name	
Date:	
Department of the Treasury—Internal Revenue Service	
tion (SSA).	

**Forms**