

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					
				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** **2023** 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** **2023** Department of the Treasury—Internal Revenue Service  
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LW2NB

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paper forms **must** comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and employer identification number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for 4 years.

**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, 2024**. For more information, go to [www.SSA.gov/bao](http://www.SSA.gov/bao). First-time filers, select "Register"; returning filers, select "Log In."

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

LW3

**When To File Paper Forms**

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2024**.

**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.

**EXAMPLE**

None apply <input type="checkbox"/>		501c non-govt. <input type="checkbox"/>		Third-party sick pay (Check if applicable) <input type="checkbox"/>	
State/local non-501c <input type="checkbox"/>		State/local 501c <input type="checkbox"/>		Federal govt. <input type="checkbox"/>	
1 Wages, tips, other compensation			2 Federal income tax withheld		
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		
9			10 Dependent care benefits		
11			12a Deferred compensation		
12b Sick pay use only			12b		
12c Held by payer of third-party sick pay					
13, etc.			19 Local income tax		
14 Telephone number			For Official Use Only		
15 Mailing address					

I, the undersigned, certify that the information furnished on this form is true and correct, and that the information is based on the best of my knowledge and belief, they are true, correct, and

Date:

**2023**

**Social Security Administration (SSA).**  
electronically with the SSA.  
and W-3.

Department of the Treasury  
Internal Revenue Service

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