

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 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**

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 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

d Control number			9			10 Dependent care benefits				
e Employee's name, address, and ZIP code			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 2024** Department of the Treasury—Internal Revenue Service  
**Copy 1—For State, City, or Local Tax Department**  
**Copy D—For Employer.** 41-0852411 LW2D1 5204

e Employee's name, address, and ZIP code			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 2024** Dept. of the Treasury—IRS  
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.

41-0852411 OMB No. 1545-0008	
Copy 2—To Be Filed With Employee's State, or Local Income Tax Return.	
Employer's soc. sec. no.	1 Wages, tips, other comp.
Employer ID number (EIN)	2 Federal income tax withheld
Employer's name, address, and ZIP code	
Suff.	
11 Nonqualified plans	
12a Code	
12b Code	
12c Code	
12d Code	
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

41-0852411 OMB No. 1545-0008	
Copy 2—To Be Filed With Employee's State, or Local Income Tax Return.	
Employer's soc. sec. no.	1 Wages, tips, other comp.
Employer ID number (EIN)	2 Federal income tax withheld
Employer's name, address, and ZIP code	
Suff.	
11 Nonqualified plans	
12a Code	
12b Code	
12c Code	
12d Code	
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

41-0852411 OMB No. 1545-0008	
Copy 2—To Be Filed With Employee's State, or Local Income Tax Return.	
Employer's soc. sec. no.	1 Wages, tips, other comp.
Employer ID number (EIN)	2 Federal income tax withheld
Employer's name, address, and ZIP code	
Suff.	
11 Nonqualified plans	
12a Code	
12b Code	
12c Code	
12d Code	
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

41-0852411 OMB No. 1545-0008	
Copy 2—To Be Filed With Employee's State, or Local Income Tax Return.	
Employer's soc. sec. no.	1 Wages, tips, other comp.
Employer ID number (EIN)	2 Federal income tax withheld
Employer's name, address, and ZIP code	
Suff.	
11 Nonqualified plans	
12a Code	
12b Code	
12c Code	
12d Code	
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

e Employee's name, address, and ZIP code			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 2024** Dept. of the Treasury—IRS  
L4LP 5205

paper forms **must** comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-2 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, 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

None apply		501c non-govt.		Third-party sick pay	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Statutory non-501c		State/local 501c		Federal govt.	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other compensation		2 Federal income tax withheld		<input type="checkbox"/>	
wages		4 Social security tax withheld			
tips		6 Medicare tax withheld			
tips		8 Allocated tips			
tips		10 Dependent care benefits			
tips		12a Deferred compensation			
sick pay use only		12b			
held by payer of third-party sick pay					
tips, etc.		19 Local income tax			
phone number		For Official Use Only			
E address					
I certify that all the information and data furnished herein, and, to the best of my knowledge and belief, they are true, correct, and complete.					
Date:					

**2024** Department of the Treasury  
**Social Security Administration (SSA).**  
**Consistently with the SSA.**  
and W-3.

**When To File Paper Forms**  
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.