

|  |                               |                                     |  |  |  |   |
|--|-------------------------------|-------------------------------------|--|--|--|---|
| 22222                                    | VOID <input type="checkbox"/> | a Employee's social security number | For Official Use Only<br>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"/> |
| f Employee's address and ZIP code        |                               | 14 Other                            |  | 12c  | 12d                                      |   |
|  |                               |                                     |  | 12e  |  |   |
|  |                               |                                     |  | 12f  |  |   |
| 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                              |

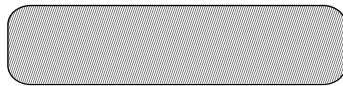
Form **W-2 Wage and Tax Statement** **2024** Department of the Treasury—Internal Revenue Service  
 Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411  
**Do Not Cut, Fold, or Staple Forms on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

|  |                               |                                     |  |  |  |   |
|--|-------------------------------|-------------------------------------|--|--|--|---|
| 22222                                    | VOID <input type="checkbox"/> | a Employee's social security number | For Official Use Only<br>OMB No. 1545-0008 |  |  |   |
| b Employer identification number (EIN)   |                               | 1 Wages, tips, other compensation   | 2 Federal income tax withheld              |  |  |   |
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|  |                               | 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"/> |
| f Employee's address and ZIP code        |                               | 14 Other                            |  | 12c  | 12d                                      |   |
|  |                               |                                     |  | 12e  |  |   |
|  |                               |                                     |  | 12f  |  |   |
| 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

|          |                            |                            |                     |                            |                     |                  |
|----------|----------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|
| 14 Other |                            | 12b                        | 12c                 | 12d                        |                     |                  |
|          |                            | 12e                        | 12f                 |                            |                     |                  |
| 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



IMPORTANT TAX RETURN DOCUMENT ENCLOSED

6666-2

DWCLS

**e-file** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile)

|  |  |   |                     |                            |                     |                  |
|--|--|---|---------------------|----------------------------|---------------------|------------------|
| 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 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"/> |                     |                            |                     |                  |
| 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

**e-file** Visit the IRS website at [www.irs.gov/efile](http://www.irs.gov/efile)

|  |  |   |                     |                            |                     |                  |
|--|--|---|---------------------|----------------------------|---------------------|------------------|
| 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 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"/> |                     |                            |                     |                  |
| 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  
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|          |                            |                            |                     |                            |                     |                  |
|----------|----------------------------|----------------------------|---------------------|----------------------------|---------------------|------------------|
| 14 Other |                            | 12b                        | 12c                 | 12d                        |                     |                  |
|          |                            | 12e                        | 12f                 |                            |                     |                  |
| 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

ation is being furnished to the Internal Revenue Service. If you did to file a tax return, a negligence penalty or other sanction posed on you if this income is taxable and you fail to report it.

|  |  |   |                     |                            |                     |                  |
|--|--|---|---------------------|----------------------------|---------------------|------------------|
| 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 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"/> |                     |                            |                     |                  |
| 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 |

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ation is being furnished to the Internal Revenue Service. If you did to file a tax return, a negligence penalty or other sanction posed on you if this income is taxable and you fail to report it.

|  |  |   |                     |                            |                     |                  |
|--|--|---|---------------------|----------------------------|---------------------|------------------|
| 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 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"/> |                     |                            |                     |                  |
| 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  
 Safe, accurate, FAST! Use **e-file**

|  |  |   |                     |                            |                     |                  |
|--|--|---|---------------------|----------------------------|---------------------|------------------|
| 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 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"/> |                     |                            |                     |                  |
| 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  
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

|  |  |   |                     |                            |                     |                  |
|--|--|---|---------------------|----------------------------|---------------------|------------------|
| 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 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"/> |                     |                            |                     |                  |
| 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  
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. LW2D1 5204

|  |                       |
|--|-----------------------|
| govt.  | Third-party sick pay  |
| 101c Federal govt.                                     | (Check if applicable) |
| 2 Federal income tax withheld                          |                       |
| 3 Social security tax withheld                         |                       |
| 4 Medicare tax withheld                                |                       |
| 5 Allocated tips                                       |                       |
| 6 Dependent care benefits                              |                       |
| 7a Deferred compensation                               |                       |
| 7b   |                       |
| 8  |                       |
| 9 Local income tax                                     |                       |
| For Official Use Only                                  |                       |
| Knowledge and belief, they are true, correct, and      |                       |
| Date:  |                       |
| Department of the Treasury<br>Internal Revenue Service |                       |
| tion (SSA).  |                       |

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.

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

LW3

41-0852411

5200

**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/bso](http://www.SSA.gov/bso). First-time filers, select "Register"; returning filers, select "Log In."