

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"/>
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

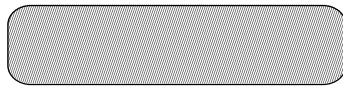
Form **W-2 Wage and Tax Statement** **2024** Department of the Treasury—Internal Revenue Service
 Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411
Do Not Cut, Fold, or Staple Forms on This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

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Form **W-2 Wage and Tax Statement** **2024** 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 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

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	

Department of the Treasury—Internal Revenue Service

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	

Department of the Treasury—Internal Revenue Service
 Safe, accurate, FAST! Use **e-file**

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

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. 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

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	

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Department of the Treasury—Internal Revenue Service
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govt.	Third-party sick pay
SO1c 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	
12e	
12f	
19 Local income tax	
20 Locality name	
Date:	
Department of the Treasury Internal Revenue Service	

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.