

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	
f Employee's address and ZIP code		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 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. 1545-0029			
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	
f Employee's address and ZIP code		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 A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411 5201

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

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

IRS e-file Visit the IRS website at www.irs.gov/efile

1 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
11a Nonqualified plans	12a See instructions for box 12
11b	12b
11c	12c
11d	12d
13	14
15	16
17	18
19 Local income tax	20 Locality name

Department of the Treasury—Internal Revenue Service

IRS e-file Visit the IRS website at www.irs.gov/efile

1 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
11a Nonqualified plans	12a See instructions for box 12
11b	12b
11c	12c
11d	12d
13	14
15	16
17	18
19 Local income tax	20 Locality name

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

IRS e-file Visit the IRS website at www.irs.gov/efile

1 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		
11a Nonqualified plans	12a See instructions for box 12		
11b	12b		
11c	12c		
11d	12d		
13	14		
15	16		
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 **IRS e-file**

IRS e-file Visit the IRS website at www.irs.gov/efile

1 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		
11a Nonqualified plans	12a See instructions for box 12		
11b	12b		
11c	12c		
11d	12d		
13	14		
15	16		
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. 5204

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.

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.

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 18768-0001**

Note: If you use "Certified Mail" to file, change the ZIP code to "18768-0002." 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." Go to 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



IMPORTANT TAX RETURN DOCUMENT ENCLOSED

6666-1

DWCL