

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

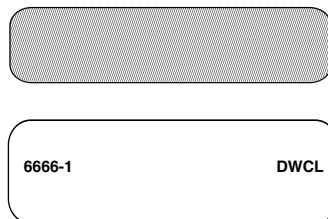
Form **W-2 Wage and Tax Statement** **2024** Department of the Treasury—Internal Revenue Service  
 Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable. 41-0852411 LW2A 5201

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** **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

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** **2024** Department of the Treasury—Internal Revenue Service  
 Copy 1—For State, City, or Local Tax Department  
 Copy D—For Employer. LW2C/LW22 5203



IMPORTANT TAX RETURN DOCUMENT ENCLOSED

**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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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

**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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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 **File**

**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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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 **File**

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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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 **File**

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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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

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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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
12b	
12c	
12d	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
14 Other	
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

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 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.