

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.	
f Employee's address and ZIP code		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	
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**

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

d Control number		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code		12a See instructions for box 12		12b	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c	
		14 Other		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

d Control number		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code		12a See instructions for box 12		12b	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c	
		14 Other		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 C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return** 5203

d Control number		9		10 Dependent care benefits	
e Employee's name, address, and ZIP code		Suff.		11 Nonqualified plans	
f Employee's address and ZIP code		12a See instructions for box 12		12b	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12c	
		14 Other		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 1—For State, City, or Local Tax Department**  
**Copy D—For Employer.** 5204

Safe, accurate, **efile** FASTI Use 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"/>		12b	
14 Other		12c	
		12d	
18 Local wages, tips, etc.		19 Local income tax	
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25 Department of the Treasury—Internal Revenue Service

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13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
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25 Department of the Treasury—Internal Revenue Service

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		12d	
18 Local wages, tips, etc.		19 Local income tax	
		20 Locality name	

25 Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service. 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.

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	
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18 Local wages, tips, etc.		19 Local income tax	
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5 Department of the Treasury—Internal Revenue Service  
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14 Other		12c	
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18 Local wages, tips, etc.		19 Local income tax	
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25 Department of the Treasury—Internal Revenue Service  
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25 Department of the Treasury—Internal Revenue Service