

a Employee's soc. sec. no.		b Employer identification number (EIN)		Copy 1/D Employer's-State, Local or File Copy			22222	OMB No. 1545-0008
c Employer's name, address, and ZIP code				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				
d Control number				10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12
e Employee's name, address, and ZIP code				12b Code		12c Code		12d Code
				13		14 Other		
Statutory employee		Retirement plan		Third-party sick pay				
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**  
This information is being furnished to the Internal Revenue Service.

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

Department of the Treasury - Internal Revenue Service

a Employee's soc. sec. no.		b Employer identification number (EIN)		Copy 1/D Employer's-State, Local or File Copy			22222	OMB No. 1545-0008
c Employer's name, address, and ZIP code				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				
d Control number				10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12
e Employee's name, address, and ZIP code				12b Code		12c Code		12d Code
				13		14 Other		
Statutory employee		Retirement plan		Third-party sick pay				
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**  
This information is being furnished to the Internal Revenue Service.

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

Department of the Treasury - Internal Revenue Service

a Employee's soc. sec. no.		b Employer identification number (EIN)		Copy 1/D Employer's-State, Local or File Copy			22222	OMB No. 1545-0008
c Employer's name, address, and ZIP code				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				
d Control number				10 Dependent care benefits		11 Nonqualified plans		12a Code See inst. for box 12
e Employee's name, address, and ZIP code				12b Code		12c Code		12d Code
				13		14 Other		
Statutory employee		Retirement plan		Third-party sick pay				
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**

This information is being furnished to the Internal Revenue Service.

Department of the Treasury - Internal Revenue Service

DETACH BEFORE MAILING  
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

L3UPR