

| | | | | | | | | | | |
|--|----------------------------|-------------------------------|----------------------------|--|----------------------------|--|------------------|---|--|-----|
| 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 | | |
| 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

2024

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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 | | |
| 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

2024

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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