

A

Form **W-2** Wage and Tax Statement **2024**

OMB No. 1545-0008

c Employer's name, address, and ZIP code		7 Social security tips	1 Wages, tips, other compensation	2 Federal income tax withheld
		8 Allocated tips	3 Social security wages	4 Social security tax withheld
		9	5 Medicare wages and tips	6 Medicare tax withheld
		12a See instructions for box 12	10 Dependent care benefits	11 Nonqualified plans
e Employee's name, address, and ZIP code		12d	12b	12c
		13 Statutory emp Retirement plan Third-party sick pay	14 Other	
		b Employer identification number (EIN)	a Employee's social security number	
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

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Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

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		b Employer identification number (EIN)	a Employee's social security number	
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.				
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

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OMB No. 1545-0008

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

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FROM:

Important Tax Document Enclosed

First-Class Mail

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

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