

| | | | | | | | | | |
|--|----------------------------|-------------------------------|-------------------------------------|--|--|---|-----|--|--|
| 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. | 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 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

| | | | | | | | | | |
|--|----------------------------|-------------------------------|-------------------------------------|--|--|---|-----|--|--|
| 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. | 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 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 | 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 | | | |
| 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 5204

| | | | | | | | |
|----------|----------------------------|--|---------------------|--|---|------------------|--|
| 15-0029 | | 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 | | | |
| 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 2—For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

| | | | | | | | |
|----------|----------------------------|--|---------------------|--|---|------------------|--|
| 15-0008 | | 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 | | | |
| 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 3—For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 5204

| | | | | | | | |
|----------|----------------------------|--|---------------------|--|---|--------------------------------|--|
| 15-0029 | | 7 Social security tips | | 1 Wages, tips, other comp. | | 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 | |
| | | 10 Dependent care benefits | | 11 Nonqualified plans | | 12a | |
| | | 13 Statutory employee <input type="checkbox"/> | | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b | |
| | | 14 Other | | 12c | | | |
| | | a Employee's social security no. | | 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 4—For State, City, or Local Tax Return 5206

paper forms must comply with IRS standards and be machine readable. Photocopies are not acceptable. Use a Form W-2 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and employer identification number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for at least 4 years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website.

- W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's Specifications for Filing Forms W-2 Electronically (EFW2).

W-2 Online file uploads will be on time if submitted by **February 02, 2026**. For more information, go to www.SSA.gov/bsa.

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

41-0852411 5200

| | | | | | |
|----------------------------|---------------------|---------------------------------|--|--|--|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| 14 Other | | 12b | | | |
| | | 12c | | | |
| | | 12d | | | |
| 16 Local wages, tips, etc. | 17 Local income tax | 20 Locality name | | | |

Department of the Treasury - IRS
 OMB No. 1545-0029

| | | | | | |
|----------------------------|---------------------|---------------------------------|--|--|--|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| 14 Other | | 12b | | | |
| | | 12c | | | |
| | | 12d | | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | |

Dept. of the Treasury - IRS
 OMB No. 1545-0029

| | | | | | |
|----------------------------|---------------------|---------------------------------|--|--|--|
| 1 Wages, tips, other comp. | | 2 Federal income tax withheld | | | |
| 3 Social security wages | | 4 Social security tax withheld | | | |
| 5 Medicare wages and tips | | 6 Medicare tax withheld | | | |
| 11 Nonqualified plans | | 12a See instructions for box 12 | | | |
| 14 Other | | 12b | | | |
| | | 12c | | | |
| | | 12d | | | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | | | |

Dept. of the Treasury - IRS
 OMB No. 1545-0029

| | | | | | |
|--|---------------------|--|---|--------------------------------|--|
| 7 Social security tips | | 1 Wages, tips, other comp. | | 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 | |
| 10 Dependent care benefits | | 11 Nonqualified plans | | 12a | |
| 13 Statutory employee <input type="checkbox"/> | | Retirement plan <input type="checkbox"/> | Third-party sick pay <input type="checkbox"/> | 12b | |
| 14 Other | | 12c | | | |
| a Employee's social security no. | | 12d | | | |
| 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Dept. of the Treasury - IRS
 OMB No. 1545-0029 5206

| | | | | | |
|--------------------------------|--|--------------------------------|--|--------------------------|--|
| None apply | | 501c non-govt. | | Third-party sick pay | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| State/local non-profit | | Federal govt. | | (Check if applicable) | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Federal income tax withheld | | 2 Federal income tax withheld | | | |
| 4 Social security tax withheld | | 4 Social security tax withheld | | | |
| 6 Medicare tax withheld | | 6 Medicare tax withheld | | | |
| 8 Allocated tips | | 8 Allocated tips | | | |
| 10 Dependent care benefits | | 10 Dependent care benefits | | | |
| 12a Deferred compensation | | 12a Deferred compensation | | | |
| 12b | | 12b | | | |
| 19 Local income tax | | 19 Local income tax | | | |
| For Official Use Only | | For Official Use Only | | | |

Department of the Treasury
 Internal Revenue Service

Form W-2 Wage and Tax Statement 2025 Department of the Treasury
Copy 5—For Social Security Administration (SSA), Send this entire page with Copy A of Form(s) W-2 to the SSA.
Copy 6—For State, City, or Local Tax Department

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

4444-1 DW387

When To File Paper Forms
 Mail Form W-3 with Copy A of Form(s) W-2 by **February 02, 2026**.

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." Go to www.irs.gov/PDS for a list of IRS-approved private delivery services.