

22222	a Employee's social security number 43-5436546	OMB No. 1545-0008			
b Employer identification number (EIN) 43-5436546		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code ghtrh		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 fdgfd		Suff.	11 Nonqualified plans	12a 12b 12c 12d	
rrgrfh			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
f Employee's address and ZIP code			14 Other		
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**
Copy 1—For State, City, or Local Tax Department

2024

Department of the Treasury—Internal Revenue Service