Copy B—To Be Filed With Employee's OMB No. 1545-0008 FEDERAL Tax Return 1 Wages, tips, other comp. a Employee's soc. sec. no. 2 Federal income tax withheld 29536.36 1502.28 315-17-0338 3 Social security wages 4 Social security tax withheld b Employer ID number (EIN) 29602.24 1835.34 5 Medicare wages and tips 6 Medicare tax withheld 37-0533100 29602.24 429.23 c Employer's name, address, and ZIP code State Farm Mutual Auto Ins Co PO Box 2321 Bloomington, IL 61702-2321 d Control number e Employee's name, address, and ZIP code Deandre B Lynch 4300 ranchero dr Apt 4307 sachse, TX 75048 7 Social security tips 8 Allocated tips 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 65.88 D 13 Statutory employee 14 Other 12b Code 10603.68 DD 12c Code Retirement plan Third-party sick pay 12d 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 2024 Dept. of the Treasury - IRS This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, OMB No. 1545-0008 City, or Local Income Tax Return 2 Federal income tax withheld 1 Wages, tips, other comp. a Employee's soc. sec. no. 29536.36 1502.28 315-17-0338 3 Social security wages 4 Social security tax withheld **b** Employer ID number (EIN) 29602.24 1835.34 5 Medicare wages and tips 6 Medicare tax withheld 37-0533100 429.23 29602.24 c Employer's name, address, and ZIP code State Farm Mutual Auto Ins Co PO Box 2321 Bloomington, IL 61702-2321 d Control number e Employee's name, address, and ZIP code Deandre B Lynch 4300 ranchero dr Apt 4307 sachse, TX 75048 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code 65.88 D 13 Statutory employee 14 Other 12b Code 10603.68 DD 12c Code Retirement plan Third-party sick pay 12d 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 2024 Dept. of the Treasury - IRS

OMB No. 1545-0008 Notice to Employee on the back of Copy B.) 2 Federal income tax withheld a Employee's soc. sec. no. 1 Wages, tips, other comp. 29536.36 1502.28 315-17-0338 3 Social security wages 4 Social security tax withheld **b** Employer ID number (EIN) 29602.24 1835.34 5 Medicare wages and tips 6 Medicare tax withheld 37-0533100 29602.24 429.23 c Employer's name, address, and ZIP code State Farm Mutual Auto Ins Co PO Box 2321 Bloomington, IL 61702-2321 d Control number e Employee's name, address, and ZIP code Deandre B Lynch 4300 ranchero dr Apt 4307 sachse, TX 75048 7 Social security tips 8 Allocated tips 9 10 Dependent care benefits 11 Nonqualified plans 12a Code See inst. for box 12 D 65.88 13 Statutory employee 14 Other **12b** Code

10603.68

DD

**12c** Code

12d Code

17 State income tax

20 Locality name

Copy C-For EMPLOYEE'S RECORDS (See

Retirement plan

Third-party sick pay

18 Local wages, tips, etc.

a Employee's soc. sec. no.		1 Wages, tips, other comp.				2 Federal income tax withheld				
315-17-0338		29536.36				1502.28				
		3 Social security wages				4 Social security tax withheld				
<b>b</b> Employer ID number (EIN)		29602.24			1835.34					
37-0533100		5 Medicare wages and tips			6 Medicare tax withheld					
		29602.24			429.23					
c Employer's name, add State Farm M				Ins	Co					
PO Box 2321										
Bloomington,	IL	61	702-2	2321						
d Control number										
e Employee's name, add Deandre B Ly: 4300 rancher Apt 4307 sachse, TX 7	nch o dr	and Z	IP code							
7 Social security tips		8 Allocated tips			9					
10 Dependent care benefits		11 Nonqualified plans			<b>12a</b> D	Code		65.88	— 8	
13 Statutory employee 14 Other					<b>12b</b>	<b>Code</b> D	10	603.68	8	
Retirement plan X						12c	Code			
Third-party sick pay						12d Code				
15 State Employer's state	ID nur	nber	<b>16</b> State	wages,	tips, etc.	1	<b>7</b> State i	ncome	tax	
18 Local wages, tips, etc.			19 Local income tax			20 [	ocality ı	name		
Form W-2 Wage and Tax Statement 2024					Dept. of the Treasury - IRS					

OMB No. 1545-0008

19 Local income tax

**15** State Employer's state ID number **16** State wages, tips, etc.

**BW24UP** 

Copy 2—To Be Filed With Employee's State,

City, or Local Income Tax Return

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:





NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to www.irs.gov/ FormW2.

## Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit. or if you are eligible for any credit. Earned income tax credit (EITC). You may be able to take the EITC for 2024 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid sorial security numbers. have valid social security numbers (SSNs). You can't take the EITC if (SSNs). You can't take the EIIC if your investment income is more than the specified amount for 2024 or if income is earned for services provided while you were an inmate at a penal institution. For 2024 income limits and more information, visit www.irs.aov/EITC. See also visit www.irs.gov/EITC. See also Pub. 596. Any EITC that is more than your tax liability is refunded to you, but only if you file a tax

return.

Employee's social security
number (SSN). For your protection,
this form may show only the last
four digits of your SSN. However,
your employer has reported your
complete SSN to the IRS and the
Social Security Administration Social Security Administration

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517. Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

website at www.53A.gov.
Cost of employer-sponsored
health coverage (if such cost is
provided by the employer). The
reporting in box 12, using code
DD, of the cost of employersponsored health coverage is for
your information only. The amount
reported with code DD is not reported with code DD is not taxable.

Credit for excess taxes. If you

had more than one employer in 2024 and more than \$10,453.20 in 2024 and more than \$10,453.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$6,129.90 in Tier 2 RRTA tax was withheld you may be able. tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843. (See also Instructions for Employee.)

## Instructions for Employee

(See also Notice to Employee.) Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with vour income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure). social security record (used to figure vour benefits).

your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you rincurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reporter. included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and taxable for social security and taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, our employer should file

Special Wager Paylinents, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$23,000 (\$16,000 if you only have SIMPLE plans; \$26,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$23,000. Deferrals under code H are limited to \$7,000.

year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and

In order for the information on this form to be effectively keypunched, it must be read upright. Therefore, attach this W-2 to your state, city, or local tax return as follows:





NOTE: THIS W-2 IS ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE, AND LOCAL/CITY INCOME TAX RETURNS.

## Instructions for Employee

Box 12 (continued)

Box 12 (continued)
However, if you were at least
age 50 in 2024, your employer may
have allowed an additional deferral
of up to \$7,500 (\$3,500 for section
401(k)(11) and 408(p) SIMPLE
plans). This additional deferral
amount is not subject to the overall
limit on elective deferrals. For code
6, the limit on elective deferrals. limit on elective deferrals. For cod G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included deferral limit must be included in income. See the Form 1040 instructions.

Instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the very shown pot the current. for the year shown, not the current year. If no year is shown, the contributions are for the current

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B-Uncollected Medicare tax on os. Include this tax on Form 1040 1040-SR. See the Form 1040

instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in

insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401 (k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401 (k) arrangement.

E—Elective deferrals under a E-Elective deferrals under a section 403(b) salary reduction

agreement

F—Elective deferrals under a section 408(k)(6) salary reduction

G—Elective deferrals and employer contributions (including nonelective contributions (including none deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K-20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable) M-Uncollected social security or

M—Uncollected social security or RRTA tax on taxable cost of group-tern life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your
Archer MSA. Report on Form 8853. S—Employee salary reduction

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V-Income from exercise of V—Income from exercise or nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.
 W—Employer contributions

(including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan
BB—Designated Roth contributions under a section 403(b) plan **DD**—Cost of employer-sponsored health coverage. **The amount** reported with code DD is not

taxable.
EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement **GG**—Income from qualified equity grants under section 83(i) HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year II—Medicaid waiver payments excluded from gross income under Notice 2014-7.

Notice 2014-7.

Box 13. If the "Retirement plan"
box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct.
See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments or a premium of the payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. for at least 3 years after the due