55555	a Employee's social security number					
	OMB No. 15		45-0029			
<b>b</b> Employer identification number (EIN)			<b>1</b> Waq	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	
			<b>7</b> Soc	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.			<b>11</b> No	nqualified plans	12a	
			13 State emp	utory Retirement Third-party loyee plan sick pay	12b	
			<b>14</b> Oth	er	12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID num	ber 16 State wages, tips, etc.	17 State incon	ne 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

2025

Department of the Treasury-Internal Revenue Service