

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

c Employer's name, address, and ZIP code

e Employee's name, address, and ZIP code

Suff.

13 Statutory employeeRetirement planThird-party sick pay

b Employer identification number (EIN)

a Employee's social security no.

7 Social security tips

8 Allocated tips

9

10 Dependent care benefits

11 Nonqualified plans

14 Other

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

12a See instructions for box 12

12b

12c

12d

15 StateEmployer's state ID no.

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.
OMB No. 1545-0008

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

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

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

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