


|  |                            |  |                            |   |                            |  |  |
|--|----------------------------|--|----------------------------|---|----------------------------|--|--|
|  |                            | <b>a</b> Employee's social security number |                            | Safe, accurate,<br><b>FAST! Use</b>   |                            |  Visit the IRS website at<br><a href="http://www.irs.gov/efile">www.irs.gov/efile</a> |  |
| <b>b</b> Employer identification number (EIN)                        |                            |  |                            | <b>1</b> Wages, tips, other compensation  |                            | <b>2</b> Federal income tax withheld   |  |
| <b>c</b> Employer's name, address, and ZIP code                      |                            |  |                            | <b>3</b> Social security wages  |                            | <b>4</b> Social security tax withheld  |  |
|  |                            |  |                            | <b>5</b> Medicare wages and tips  |                            | <b>6</b> Medicare tax withheld   |  |
|  |                            |  |                            | <b>7</b> Social security tips   |                            | <b>8</b> Allocated tips  |  |
| <b>d</b> Control number  |                            |  |                            | <b>9</b>  |                            | <b>10</b> Dependent care benefits  |  |
| <b>e</b> Employee's first name and initial      Last name      Suff. |                            |  |                            | <b>11</b> Nonqualified plans  |                            | <b>12a</b> See instructions for box 12   |  |
|  |                            |  |                            | <b>13</b> Statutory employee      Retirement plan      Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                            | <b>12b</b>   |  |
|  |                            |  |                            | <b>14</b> Other   |                            | <b>12c</b>   |  |
|  |                            |  |                            |   |                            | <b>12d</b>   |  |
| <b>f</b> Employee's address and ZIP code                             |                            |  |                            |   |                            |  |  |
| <b>15</b> State  | Employer's state ID number | <b>16</b> State wages, tips, etc.          | <b>17</b> State income tax | <b>18</b> Local wages, tips, etc.   | <b>19</b> Local income tax | <b>20</b> Locality name  |  |
|  |                            |  |                            |   |                            |  |  |

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

2024

Department of the Treasury—Internal Revenue Service

**Copy B—To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.