

# W2 Form Template

22222	VOID <input type="checkbox"/>	a Employee's social security number	For Official Use Only OMB No. 1545-0008			
b Employer identification number (EIN) 3232323			1 Wages, tips, other compensation 45,345		2 Federal income tax withheld 1122	
c Employer's name, address, and ZIP code  ABC Corporation 123 N Main St High Point NC 27109			3 Social security wages 12,345		4 Social security tax withheld 239	
			5 Medicare wages and tips 15,335		6 Medicare tax withheld 324	
			7 Social security tips 234		8 Allocated tips 890	
d Control number 9908-00987			9		10 Dependent care benefits 908	
e Employee's first name and initial Adam S		Last name Smith	Suff. Sr	11 Nonqualified plans 9977		
f Employee's address and ZIP code 1122 Trailing Cross circle Lexington, NC 27009			13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input checked="" type="checkbox"/>		12a See instructions for box 12	
			14 Other		12b	
					12c	
					12d	
15 State NC	Employer's state ID number 9888999	16 State wages, tips, etc. 342	17 State income tax 44	18 Local wages, tips, etc. 32	19 Local income tax 44	
				20 Locality name AS		

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

2024

Department of the Treasury—Internal Revenue Service

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