55555	a Employee's social security number	OMB No. 1545-0008						
b Employer identification number (EIN)			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		
			7 Soc	ial security tips	8 Allocated tips			
d Control number			9	10 Dependent care benefits			penefits	
e Employee's first name and initial	Last name	Suff.	11 Nor	11 Nonqualified plans		12a		
			13 Statu		ird-party ok pay	12b		
			14 Other			12c		
						12d		
f Employee's address and ZIP code								
15 State Employer's state ID numb	er 16 State wages, tips, etc.	17 State incom	ne tax	18 Local wages, tip	s, etc. 1	9 Local inco	ome tax	20 Locality name
<u> </u>								

Form W-2 Wage and Tax Statement
Copy 1-For State, City, or Local Tax Department

2024

Department of the Treasury-Internal Revenue Service