

Copy B To Be Filed With Employee's FEDERAL Tax Return			OMB No. 1545-0029
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number(EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code		
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12	
13 Statutory employee	14 Other	12b Code	
		12c Code	
		12d Code	
Retirement plan			
Third-party sick pay			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS
 This information is being furnished to the Internal Revenue Service.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0029
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number(EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code		
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
		12c Code	
		12d Code	
Retirement plan			
Third-party sick pay			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			OMB No. 1545-0029
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number(EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code		
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12	
13 Statutory employee	14 Other	12b Code	
		12c Code	
		12d Code	
Retirement plan			
Third-party sick pay			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return			OMB No. 1545-0029
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	3 Social security wages	4 Social security tax withheld	
b Employer ID number(EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
	c Employer's name, address, and ZIP code		
d Control number			
e Employee's name, address, and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other	12b Code	
		12c Code	
		12d Code	
Retirement plan			
Third-party sick pay			
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2025** Dept. of the Treasury -- IRS

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