22222 | VOID ☐

a Employee's social security number
123-45-6789

For Official Use Only
OMB No. 1545-0008

b Employer identification number (EIN)

c Employer's name, address, and ZIP code

d Control number

e Employee's first name and initial | Last name | Suff.

f Employee's address and ZIP code

1 Wages, tips, other compensation 50,000.00	**2** Federal income tax withheld 1,111.00
3 Social security wages 35,000.00	**4** Social security tax withheld 1,111.00
5 Medicare wages and tips 45,000.00	**6** Medicare tax withheld 1,111.00
7 Social security tips	**8** Allocated tips
9	**10** Dependent care benefits
11 Nonqualified plans	**12a** See instructions for box 12 Code D | 1,234.00
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code C | 123,45
14 Other	**12c** Code
	12d Code

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
OH	123-123-1234	50,000	1,535	50,000	750	CLEVELEND

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

Department of the Treasury—Internal Revenue Service

Copy A—For Social Security Administration. Send this entire page with Form W-3 to the Social Security Administration; photocopies are **not** acceptable.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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