

State of Oklahoma
2025 Individual W-2 Data Sheet

Barcode
Placeholder

This form must be attached as a schedule to the return without cutting into separate W-2s. It should be attached as the last page of the return. If you have more than three W-2s, please use as many copies of this form as needed to include all W-2s.

FORM 511-W

NOTE: Only send Form 511-W with your return. DO NOT send your W-2s. Original W-2s must be kept with the taxpayer's copy of return.

W-2 Data **First Employer**

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/>	
						Retirement plan <input type="checkbox"/>	
						3rd party sick pay <input type="checkbox"/>	
F) Employee's address and ZIP		12a) Code - See instructions for box 12		12b) Code		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	
-----		-----		-----		-----	

W-2 Data **Second Employer**

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/>	
						Retirement plan <input type="checkbox"/>	
						3rd party sick pay <input type="checkbox"/>	
F) Employee's address and ZIP		12a) Code - See instructions for box 12		12b) Code		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	
-----		-----		-----		-----	

W-2 Data **Third Employer**

A) Employee's social security number		For State, City, or Local Tax Department		1) Wages, tips, and other income		2) Federal income tax withheld	
C) Employer's name, address, and ZIP		B) Employer ID number		3) Social security wages		4) Social security tax withheld	
		D) Control number		5) Medicare wages and tips		6) Medicare tax withheld	
		7) Social security tips		8) Allocated tips		9)	
E) Employee's first, initial, and last name		10) Dependent care benefits		11) Nonqualified plans		13) Statutory employee <input type="checkbox"/>	
						Retirement plan <input type="checkbox"/>	
						3rd party sick pay <input type="checkbox"/>	
F) Employee's address and ZIP		12a) Code - See instructions for box 12		12b) Code		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	
-----		-----		-----		-----	