Attention:

This form is provided for informational purposes only. Copy A appears in red, similar to the official printed IRS form. But do not file Copy A downloaded from this website with the SSA. A penalty of \$50 per information return may be imposed for filing such forms that cannot be scanned.

To order official IRS forms, call 1-800-TAX-FORMS (1-800-829-3676) or order online at <u>Forms and Publications By U.S. Mail</u>.

You may file Forms W-2 and W-3 electronically on the SSA's website at <u>Employer Reporting Instructions & Information</u>. You can create fill-in versions of Forms W-2 and W-3 for filing with the SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

DO NOT CUT, FOLD, OR STAPLE THIS FORM

a Tax year/Form corrected		For Official Use Onl	v 🕨			
/ W-2	4444 OMB No. 1545-0008					
b Employee's correct SSN		c Corrected SSN and/or name (if checked, enter incorrect SSN and/or na in box h and/or box i)	me	d Empl	oyer's Federal EIN	
e Employee's first name and initial	Last nan	ne	Suff.	g Empl	oyer's name, address, and Z	P code
]			
f Employee's address and ZIP code Complete boxes h and/or i only if incorrect on last form filed.		yee's incorrect SSN		i Empl	oyee's name (as incorrectly	shown on previous form)
No	te: Only co	mplete money field	ls that	are bei	ng corrected (except M	IQGE).
Previously reported	Co	prrect information		Р	reviously reported	Correct information
1 Wages, tips, other compensation	1 Wages	s, tips, other compensation		2 Fede	eral income tax withheld	2 Federal income tax withheld
3 Social security wages	3 Socia	l security wages		4 Soci	al security tax withheld	4 Social security tax withheld
5 Medicare wages and tips	5 Medie	care wages and tips		6 Med	icare tax withheld	6 Medicare tax withheld
7 Social security tips	7 Socia	l security tips		8 Alloc	ated tips	8 Allocated tips
9 Advance EIC payment	9 Adva	nce EIC payment		10 Depe	endent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonq	ualified plans		12a See	instructions for box 12	12a See instructions for box 12
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory employed		ty	12b		12b
14 Other (see instructions)	14 Other	(see instructions)		12c		12c
				12d	1	12d
				o d e		o d e
		State Corr	ectio			
Previously reported		prrect information			reviously reported	Correct information
15 State	15 State			15 State		15 State
Employer's state ID number	Employ	/er's state ID number		Emplo	yer's state ID number	Employer's state ID number
16 State wages, tips, etc.	16 State	wages, tips, etc.		16 State	e wages, tips, etc.	16 State wages, tips, etc.
17 State income tax	17 State	income tax		17 State	e income tax	17 State income tax
		Locality Co	rrecti	on Info	ormation	
18 Local wages, tips, etc.	18 Local	wages, tips, etc.		18 Loca	Il wages, tips, etc.	18 Local wages, tips, etc.
19 Local income tax	19 Local	income tax		19 Loca	I income tax	19 Local income tax
20 Locality name	20 Local	ity name		20 Loca	lity name	20 Locality name

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

Copy A—For Social Security Administration Department of the Treasury Internal Revenue Service

Form **W-2c** (Rev. 1-2006)

Corrected Wage and Tax Statement

a Tax year/Form corrected	OMB No. 1545	0008			
/ W-2	44444	-0008			
b Employee's correct SSN	c Corrected SSN ar	nd/or	d Employer's Federal EIN		
	name (if checked, incorrect SSN and				
	in box h and/or b				
e Employee's first name and initial	Last name	Suff.	g Employer's name, address, and Z	IP code	
f Employee's address and ZIP code			i Frankriger (an in a sur all	- I	
Complete boxes h and/or i on if incorrect on last form filed.		bin	i Employee's name (as incorrectly shown on previous form)		
N	lote: Only complete money	fields that	t are being corrected (except N	MQGE).	
Previously reported	Correct information	tion	Previously reported	Correct information	
1 Wages, tips, other compensation	1 Wages, tips, other compens	sation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social security wages	3 Social security wages		4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wages and tips	5 Medicare wages and tip	s	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social security tips	7 Social security tips		8 Allocated tips	8 Allocated tips	
9 Advance EIC payment	9 Advance EIC payment		10 Dependent care benefits	10 Dependent care benefits	
11 Nonqualified plans	11 Nonqualified plans		12a See instructions for box 12	12a See instructions for box 12	
13 Statutory Retirement Third-party employee plan sick pay		hird-party ick pay	12b	12b	
			C o d e		
14 Other (see instructions)	14 Other (see instructions)		12c	12c	
			o d e	C o d e	
			12d	12d	
			C o d e	C o d e	
	Olate 4		on Information		
Previously reported	Correct informa		Previously reported	Correct information	
15 State	15 State		15 State	15 State	
Employer's state ID number	Employer's state ID numb	er	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc.	16 State wages, tips, etc.		16 State wages, tips, etc.	16 State wages, tips, etc.	
Jaie wages, lips, etc.	To State wayes, tips, etc.		State wayes, tips, etc.	To State wages, tips, etc.	
17 State income tax	17 State income tax		17 State income tax	17 State income tax	
	Locality	Correct	ion Information	I	
18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local wages, tips, etc.	18 Local wages, tips, etc.	
19 Local income tax	19 Local income tax		19 Local income tax	19 Local income tax	
20 Locality name	20 Locality name		20 Locality name	20 Locality name	

Copy 1—State, City, or Local Tax Department Department of the Treasury Internal Revenue Service

a Tax year/Form corrected / W-2	OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.		
b Employee's correct SSN	c Corrected SSN and/or name (if checked, enter incorrect SSN and/or nam in box h and/or box i)	d Employer's Federal EIN			
e Employee's first name and initial	Last name	Suff. g Employer's name, address, and ZIP	code		
	II.				
f Employee's address and ZIP code Complete boxes h and/or i only	h Employee's incorrect SSN	i Employee's name (as incorrectly sh	nown on previous form)		
if incorrect on last form filed.		·,···,··· (ר בהקוסעכביס המחוב (מס וווסטוובטווע סווטיארו טוו אופאוטעט וטוווו)		
Note	: Only complete money fields	that are being corrected (except MC	QGE).		
Previously reported	Correct information	Previously reported	Correct information		
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12		
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party sick pay				
14 Other (see instructions)	14 Other (see instructions)				
		12d C d d d d d d d d d d d d d	12d C C C		
	Otata Oama				
Drevievely reperted		ction Information	Correct information		
Previously reported 15 State	Correct information	Previously reported 15 State	15 State		
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income tax	17 State income tax	17 State income tax	17 State income tax		
	Locality Corr	rection Information			
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name	20 Locality name	20 Locality name	20 Locality name		

Copy B-To Be Filed with Employee's FEDERAL Tax Return

Department of the Treasury Internal Revenue Service

a Tax year/Form corrected	OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov .		
b Employee's correct SSN	c Corrected SSN and/or name (if checked, enter incorrect SSN and/or name in box h and/or box i)	d Employer's Federal EIN			
e Employee's first name and initial Last name		Suff. g Employer's name, address, and ZIP	? code		
	<u> </u>				
f Employee's address and ZIP code					
Complete boxes h and/or i only if incorrect on last form filed. ►	Complete boxes h and/or i only h Employee's incorrect SSN if incorrect on last form filed. ►		i Employee's name (as incorrectly shown on previous form)		
Note	: Only complete money fields	that are being corrected (except Mo	QGE).		
Previously reported	Correct information	Previously reported	Correct information		
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12		
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory employee Retirement plan Third-party sick pay	12b	12b C d d		
14 Other (see instructions)	14 Other (see instructions)	12c			
		12d			
	State Correc	tion Information			
Previously reported	Correct information	Previously reported	Correct information		
15 State	15 State	15 State	15 State		
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income tax	17 State income tax	17 State income tax	17 State income tax		
	Locality Corre	ection Information			
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name	20 Locality name	20 Locality name	20 Locality name		

Form **W-2c** (Rev. 1-2006)

Corrected Wage and Tax Statement

Copy C—For EMPLOYEE's RECORDS

Department of the Treasury Internal Revenue Service

Notice to Employee

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, W-2VI or W-2c) for the tax year shown in box a. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file Form 1040X, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If you have not filed your return for the year shown in box a, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

· · · · · · · · · · · · · · · · · · ·					
a Tax year/Form corrected / W-2	OMB No. 1545-0008				
b Employee's correct SSN	c Corrected SSN and/or name (if checked, enter incorrect SSN and/or nan in box h and/or box i)	d Employer's Federal EIN			
e Employee's first name and initial	Last name	Suff. g Employer's name, address, and Z	IP code		
	.]]				
f Employee's address and ZIP code Complete boxes h and/or i only	h Employee's incorrect SSN	i Employee's name (as incorrectly	shown on previous form)		
if incorrect on last form filed.	··· _···	·,······ (- Employee 5 manie (as moorreedy shown on previous form)		
Note	e: Only complete money fields	s that are being corrected (except N	1QGE).		
Previously reported	Correct information	Previously reported	Correct information		
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12		
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	y 12b	12b C d		
14 Other (see instructions)	14 Other (see instructions)	12c C d	12c C d		
		12d C d	12d		
		ection Information			
Previously reported	Correct information	Previously reported	Correct information		
15 State	15 State	15 State	15 State		
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income tax	17 State income tax	17 State income tax	17 State income tax		
	Locality Cor	rection Information			
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name	20 Locality name	20 Locality name	20 Locality name		

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return

Corrected Wage and Tax Statement

Department of the Treasury Internal Revenue Service

a Tax year/Form corrected	OMB No. 1545-0008			
/ W-2				
b Employee's correct SSN	c Corrected SSN and/or	d Employer's Federal EIN		
	name (if checked, enter			
	incorrect SSN and/or name in box h and/or box i)			
e Employee's first name and initial	Last name s	Suff. g Employer's name, address, and ZIP	P code	
f Employee's address and ZIP code				
Complete boxes h and/or i only if incorrect on last form filed.	h Employee's incorrect SSN	i Employee's name (as incorrectly shown on previous form)		
Note	e: Only complete money fields	that are being corrected (except M0	QGE).	
Previously reported	Correct information	Previously reported	Correct information	
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips	
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits	
Advance ElC payment	9 Advance Elo payment	Dependent care benefits	To Dependent care benefits	
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	
		C o d		
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
		o d e	o d e	
14 Other (see instructions)	14 Other (see instructions)	12c	12c	
		d e	d e e	
		12d	12d	
		C e	d e	
	State Correc	ction Information		
Previously reported	Correct information	Previously reported	Correct information	
15 State	15 State	15 State	15 State	
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
			17. 0	
17 State income tax	17 State income tax	17 State income tax	17 State income tax	
	Locality Corr	 ection Information		
18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	
·····				
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax	
20 Locality name	20 Locality name	20 Locality name	20 Locality name	

Copy D—For Employer Department of the Treasury Internal Revenue Service

Employers, Please Note:

Specific information needed to complete Form W-2c is given in the separate *Instructions for Forms W-2c and W-3c*. You can order those instructions

and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov*.