## **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 Forms and Publications By U.S. Mail.

You may file Forms W-2 and W-3 electronically on the SSA's website at Employer Reporting Instructions & Information. 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

b Employee's correct SSN  c Corrected SSN and/or name (if checked, enter in box h and/or box i)  e Employee's first name and initial  Last name  Suff.  g Employee's name, address, and ZIP code  Complete boxes h and/or i only if incorrect on last form filed.  Note: Only complete money fields that are being corrected (except MQGE).  Previously reported  Correct information  Nages, tips, other compensation  Wages, tips, other compensation  Social security wages  A Social security tax withheld  Medicare wages and tips  Advance EIC payment  D Employee's name (as incorrectly shown on previous form)  i Employee's name (as incorrectly shown on previous form)  Left previously reported (except MQGE).  Previously reported (except MQGE).  Previously reported (except MQGE).  A Social security wages (as corrected (except MQGE).  Previously reported (except MQGE).  A Social security reported (except MQGE).  A Social security tend (except MQGE).  A Social security tend (except MQGE).  A Social security reported (except MQGE).  A Social security tend (except MQGE).  A Social security reported (except MQGE).  A Social security reported (except MQGE).  A Social security tend (except MQGE).  A Social security tend (except MQGE).  A Social security tend (except MQGE).  B Reployee's name, address, and ZIP code	a Tax year/Form corrected	44444	For Official Use Only ►				
a Employee's first name and initial   Lest name   Lest	/ W-2 OMB No. 1545-0008			d Compared Code (Ch.			
## Employee's address and ZIP code    Complete boxes is and/or i only incorrect SSN   i Employee's name (as incorrectly shown on previous form)	<b>b</b> Employee's correct SSN		name (if checked, enter incorrect SSN and/or na		d Employer's Federal EIN		
Note: Only complete boxes h and/or i only if incorrect on last form filed.   Note: Only complete money fields that are being corrected (except MGE).    Previously reported   Correct information   Previously reported   Correct information	e Employee's first name and initia	Last nar	ne	Suff.	ff. g Employer's name, address, and ZIP code		
Note: Only complete boxes h and/or i only if incorrect on last form filed.   Note: Only complete money fields that are being corrected (except MQGE).    Previously reported   Correct information   Previously reported   Correct information	1. Employee's address and 7ID so	do		J			
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   2 Federal income tax withheld   3 Social security wages   3 Social security wages   4 Social security tax withheld   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   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   12b   12b   12b   12b   12b   12b   12b   12b   12b   12d	Complete boxes h and/or i o	Complete boxes h and/or i only h Employee's incorrect SSN			i Employee's name (as incorrectly shown on previous form)		
1 Wages, tips, other compensation   1 Wages, tips, other compensation   2 Federal income tax withheld   2 Federal income tax withheld   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   6 Medicare tax withheld   7 Social security tips   7 Social security tips   8 Allocated tips   8 Allocated tips   8 Allocated tips   10 Dependent care benefits   11 Nonqualified plans   11 Nonqualified plans   12 See instructions for box 12   12 See instructions for box 12   12 See instructions for box 12   13 Statutory Retirement   1 State   14 Other (see instructions)   14 Other (see instructions)   14 Other (see instructions)   15 State		Note: Only co	omplete money field	ls that	are being corrected (except M	QGE).	
3 Social security wages	Previously reported	C	orrect information		Previously reported	Correct information	
5 Medicare wages and tips 5 Medicare wages and tips 6 Medicare tax withheld 6 Medicare tax withheld 6 Medicare tax withheld 7 Social security tips 7 Social security tips 8 Allocated tips 8 Allocated 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 12b 12a See instructions for box 12 12b 12b 12b 12b 12b 12b 12b 12b 12b	1 Wages, tips, other compensation	1 Wage	s, tips, other compensation		2 Federal income tax withheld	2 Federal income tax withheld	
7 Social security tips 7 Social security tips 8 Allocated 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 11 Nonqualified plans 11 Nonqualified plans 12a See instructions for box 12 12a See instructions for box 12 12b 12b 12b 12b 12b 12c	3 Social security wages	3 Socia	3 Social security wages		4 Social security tax withheld	4 Social security tax withheld	
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 12b 12b 12b 12b 12b 12b 12d	5 Medicare wages and tips	5 Medi	5 Medicare wages and tips		6 Medicare tax withheld	6 Medicare tax withheld	
11 Nonqualified plans	7 Social security tips	7 Socia	7 Social security tips		8 Allocated tips	8 Allocated tips	
13 Statutory   Retirement   Third-party   13 Statutory   Retirement   Third-party   sick pay   12b   12c   12c   12d	9 Advance EIC payment	9 Adva	9 Advance EIC payment		10 Dependent care benefits	10 Dependent care benefits	
### Complete plan sick pay   Pan sic	11 Nonqualified plans	11 Nonc	11 Nonqualified plans		12a See instructions for box 12	12a See instructions for box 12	
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State Correction Information Previously reported Correct information    Feedously reported   Correct information   Previously reported   Correct information	14 Other (see instructions)	14 Othe	r (see instructions)		12c	12c	
Previously reportedCorrect informationPreviously reportedCorrect information15 State15 State15 State15 StateEmployer's state ID numberEmployer's state ID numberEmployer's state ID numberEmployer's state ID number16 State wages, tips, etc.16 State wages, tips, etc.16 State wages, tips, etc.17 State income tax17 State income tax17 State income taxLocality Correction Information18 Local wages, tips, etc.18 Local wages, tips, etc.18 Local wages, tips, etc.19 Local income tax19 Local income tax19 Local income tax					12d	12d	
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15 State  Employer's state ID number  16 State wages, tips, etc.  16 State wages, tips, etc.  17 State income tax  17 State income tax  18 Local wages, tips, etc.  18 Local wages, tips, etc.  19 Local income tax							
Employer's state ID number			prrect information				
16 State wages, tips, etc.  16 State wages, tips, etc.  17 State income tax  18 Local wages, tips, etc.  19 Local income tax  10 State wages, tips, etc.  11 State income tax  12 State income tax  13 State income tax  14 State income tax  15 State income tax  16 State wages, tips, etc.  17 State income tax  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	15 State	15 State			15 State	15 State	
17 State income tax 18 Local wages, tips, etc. 19 Local income tax 17 State income tax 17 State income tax 18 Local wages, tips, etc. 19 Local income tax	Employer's state ID number	Emplo	yer's state ID number		Employer's state ID number Employer's state ID number		
Locality Correction Information  18 Local wages, tips, etc.  18 Local wages, tips, etc.  19 Local income tax	16 State wages, tips, etc.	16 State	wages, tips, etc.		16 State wages, tips, etc. 16 State 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	17 State income tax	17 State	income tax		17 State income tax	17 State income tax	
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	Locality Correction Information						
	Local wages, tips, etc.	18 Loca				18 Local wages, tips, etc.	
20 Locality name 20 Locality name 20 Locality name 20 Locality name	19 Local income tax	19 Loca	I income tax		19 Local income tax	19 Local income tax	
	20 Locality name	20 Loca	lity name		20 Locality name	20 Locality name	

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

Copy A—For Social Security Administration

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

**Corrected Wage and Tax Statement** 

Cat. No. 61437D Department of the Treasury Internal Revenue Service

a Tax year/Form corrected	<b>4444</b> OMB No. 1545-0008			
<b>b</b> Employee's correct SSN	c Corrected SSN and/or name (if checked, enter incorrect SSN and/or nar in box h and/or box i)	d Employer's Federal EIN		
e Employee's first name and initial	Last name	Suff. <b>g</b> Employer's name, address, and ZI	P code	
f Employee's address and ZIP code  Complete boxes h and/or i only if incorrect on last form filed.		i Employee's name (as incorrectly s	shown on previous form)	
No	ote: Only complete money field	s that are being corrected (except M	IQGE).	
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-part sick pay	12b	12b	
14 Other (see instructions)	14 Other (see instructions)	12c	12c	
		<b>12d</b>   C     	12d	
	21.1.0			
		ection Information	0	
Previously reported	Correct information 15 State		Correct information	
<b>15</b> State		<b>15</b> State	<b>15</b> 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	rrection 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	

a Tax year/Form corrected	OMB No. 1545-0008	Safe, accurate,	Safe, accurate, Visit the IRS website			
/ W-2		FAST! Use		at www.irs.gov.		
<b>b</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. <b>g</b> Employer's name, addre	ess, and ZIP code			
f Employee's address and ZIP code Complete boxes h and/or i on if incorrect on last form filed.	h Employee's incorrect SSN	i Employee's name (as in	i Employee's name (as incorrectly shown on previous form)			
N	ote: Only complete money fields	s that are being corrected (e	except MQGE).			
Previously reported	Correct information	Previously repo	orted Co	rrect information		
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax wit	hheld <b>2</b> Feder	al income tax withheld		
3 Social security wages	3 Social security wages	4 Social security tax with	held 4 Socia	I security tax withheld		
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Media	care tax withheld		
7 Social security tips	7 Social security tips	8 Allocated tips	8 Alloca	ated tips		
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefi	ts 10 Depe	ndent care benefits		
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for bo	x 12	nstructions for box 12		
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party employee plan Sick pay	9 12b	12b			
14 Other (see instructions)	14 Other (see instructions)	12c	12c			
		<b>12d</b>	<b>12d</b>			
	State Corre	ection Information				
Previously reported Correct information		Previously repo	orted Cor	rect information		
15 State	15 State	15 State	15 State			
Employer's state ID number	Employer's state ID number	Employer's state ID num	ber Employ	ver'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	<u> </u>			
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 Local	ity name		

a Tax year/Form corrected		OMB No. 1545-0008		Safe, accurate,	IRS	Visit the IRS website
/ W-2	/ W-2		FAST! Use	G	at www.irs.gov.	
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 Employer's Federal EIN		
e Employee's first name and initial Last name		me Suff.		g Employer's name, addr	ess, and ZIP c	ode
f Employee's address and ZIP coo Complete boxes h and/or i o if incorrect on last form filed	nly h Emplo	byee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)		
	Note: Only co	omplete money field	s that	t are being corrected (except MQGE).		
Previously reported	C	orrect information		Previously repo	orted	Correct information
1 Wages, tips, other compensation	1 Wage	s, tips, other compensation		2 Federal income tax wit	hheld	2 Federal income tax withheld
3 Social security wages	3 Socia	3 Social security wages		4 Social security tax with	held	4 Social security tax withheld
5 Medicare wages and tips	5 Medi	5 Medicare wages and tips		6 Medicare tax withheld		6 Medicare tax withheld
7 Social security tips	7 Socia	7 Social security tips		8 Allocated tips		8 Allocated tips
9 Advance EIC payment	9 Adva	9 Advance EIC payment		10 Dependent care benefi	ts	10 Dependent care benefits
11 Nonqualified plans	11 Nonc	11 Nonqualified plans		12a See instructions for bo	x 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		<b>12b</b>		12b
14 Other (see instructions)	14 Other (see instructions)			12c		12c
				12d		12d
		State Corr	ectio	n Information		
		orrect information		Previously repo	orted	Correct information
15 State	15 State			15 State		15 State
Employer's state ID number	Emplo	Employer's state ID number		Employer's state ID num	ber	Employer's state ID number
16 State wages, tips, etc.	16 State	State wages, tips, etc. 16 State		16 State wages, tips, etc.		16 State wages, tips, etc.
17 State income tax	17 State	e income tax		17 State income tax		17 State income tax
Locality Correction			ion 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 Loca	19 Local income tax		19 Local income tax		19 Local income tax
20 Locality name	20 Loca	lity name		20 Locality name		20 Locality name

## **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	OMB No. 1545-0008	D. 1545-0008		
/ W-2				
<b>b</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	Employee's first name and initial Last name Suff		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	: Only complete money fields the	nat 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 employee plan sick pay	<b>12b</b>	12b	
14 Other (see instructions)	14 Other (see instructions)	12c	12c	
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		tion Information Previously reported		
	Previously reported Correct information		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	ction 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	

a Tax year/Form corrected	OMB No. 1545-0008				
/ W-2					
<b>b</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 Su	ff. <b>g</b> Employer's name, address, and ZIF	P code		
6 Facebook and Alborda	]				
Complete boxes h and/or i only if incorrect on last form filed.			i Employee's name (as incorrectly shown on previous form)		
Note	e: Only complete money fields th	at 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 Retirement Third-party employee plan sick pay	12b	12b		
14 Other (see instructions)	14 Other (see instructions)	12c	12c C c d		
		12d C 0 0 0	12d		
	State Correct	on Information			
	Previously reported Correct information		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 Correct	tion 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		

## **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*.