

DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444

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OMB No. 1545-0008

a Employer's name, address, and ZIP code

McDonald's
343 River St
Hackensack, NJ 07601

c Tax year/Form corrected

2022 / W-2

d Employee's correct SSN

e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)

Complete boxes f and/or g only if incorrect on form **previously filed** ►f Employee's **previously reported** SSN

b Employer's Federal EIN

12-3456789

g Employee's **previously reported** name

h Employee's first name and initial

Last name

Suff.

Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).

i Employee's address and ZIP code

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

9

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 employee Retirement plan Third-party sick pay
☐ ☐ ☐

13 Statutory employee Retirement plan Third-party sick pay
☐ ☐ ☐

12b

12b

14 Other (see instructions)

14 Other (see instructions)

12c

12c

12d

12d

State Correction 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 Correction Information**Previously reported****Correct information****Previously reported****Correct 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

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

Copy A—For Social Security Administration


Form **W-2c** (Rev. 8-2014)**Corrected Wage and Tax Statement**

Cat. No. 61437D

Department of the Treasury
Internal Revenue Service

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Copy 1—State, City, or Local Tax Department

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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	9	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
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		12d	12d

State Correction Information			
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Copy C—For EMPLOYEE's RECORDS

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

4444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code <div style="font-size: 1.2em;">McDonald's 343 River St Hackensack, NJ 07601</div>		c Tax year/Form corrected <div style="font-size: 1.2em;">2022 / W-2</div>	d Employee's correct SSN
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) Complete boxes f and/or g only if incorrect on form previously filed ▶	
		f Employee's previously reported SSN 	
		g Employee's previously reported name 	
b Employer's Federal EIN <div style="font-size: 1.2em;">12-3456789</div>		h Employee's first name and initial <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Last name</div> <div style="width: 35%;">Suff.</div> </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		i Employee's address and ZIP code 	
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	9	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 employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	12b
14 Other (see instructions)	14 Other (see instructions)	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
15 State	15 State	15 State	15 State
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 Correction Information			
Previously reported		Correct 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