## DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444	4 4 For Official Use Only ► OMB No. 1545-0008						
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN			
McDonald's			2022 <sub>/ W-2</sub>				
343 River St Hackensack, NJ 07601			· ·	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
Haununs	ack, No oroor		Complete boxes f and/or g only if incorrect on form previously filed >				
_			f Employee's previously reported SSN				
<b>b</b> Employer's Fe	ederal EIN 12-3456	5789	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				
	usly reported	Correct information	Previously reported	Correct information			
	other compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securi		3 Social security wages	Social security tax withheld	4 Social security tax withheld			
5 Medicare wa		5 Medicare wags and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securi	ity tips	7 Social security tips	8 Allocated tips	8 Allocated tips			
9		9	10 Dependent care benefits	10 Dependent care benefits			
11 Nonqualified		11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12			
13 Statutory employee pla	etirement Third-party an sick pay	13 Statutory employee Plan Third-party sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			12d	12d			
Proviou	usly reported	State Correctio Correct information	Previously reported	Correct information			
15 State	isly reported	15 State	15 State	15 State			
	tate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number			
16 State wages,		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 Correcti					
	usly reported Correct information		Previously reported	Correct information			
18 Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.			
19 Local income		19 Local income tax	19 Local income tax	19 Local income tax			
20 Locality name	Э	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

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a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN			
McDonald's			2022 / w-2				
343 River St Hackensack, NJ 07601			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
паскен	Sack, NJ 0700	l	Complete boxes f and/or g only if incor	rect on form <b>previously filed</b> ►			
			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.			
corrections invo	olving MQGE, see the r Specific Instructions	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code				
Previou	ısly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare was	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securit	ty tips	7 Social security tips	8 Allocated tips	8 Allocated tips			
9		9	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 plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			12d	12d			
		State Correction					
	ısly reported	Correct information	Previously reported	Correct information			
<b>15</b> State		<b>15</b> State	15 State	<b>15</b> State			
Employer's st	ate 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					
	sly 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	9	20 Locality name	20 Locality name	20 Locality name			

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a Employer's name, address, and ZIP code		c Tax year/Form corrected		<b>d</b> Employe	e's correct SSN		
McDonald's			2022 / w-2				
343 River St			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
паскен	sack, NJ 07601	I	Complete boxes f and/or	g only if incor	rect on form	previously filed	<b>&gt;</b>
			f Employee's previously re	ported SSN			
b Employer's Federal EIN 12-3456789			g Employee's previously re	eported name			
			h Employee's first name an	d initial	Last name		Suff.
corrections invo	olving MQGE, see the	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and a	ZIP code			
Previou	sly reported	Correct information	Previously repo	orted	Corr	rect information	1
1 Wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federal	l income tax withheld	I
3 Social securit	ty wages	3 Social security wages	4 Social security tax with	neld	4 Social s	security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medica	re tax withheld	
7 Social securit	ty tips	7 Social security tips	8 Allocated tips		8 Allocate	ed tips	
9		9	10 Dependent care benefit	s	10 Depend	dent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	12	12a See istr	ructions for box 12	
Statutory Ret plan	irement Third-party n sick pay	13 Statutory employee Retirement Third-party sick pay	12b		12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c		
			12d C		<b>12d</b>		
		State Correction					
	sly reported	Correct information	Previously repo	rted		rect information	<u> </u>
<b>15</b> State		15 State	15 State		<b>15</b> State		
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	iber	Employe	er's state ID number	
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State wa	ages, tips, etc.	
17 State income	tax	17 State income tax	17 State income tax		17 State in	come tax	
		Locality Correct					
Previously reported Correct information		Previously repo	orted	Correct information		1	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local w	ages, tips, etc.	
19 Local income	tax	19 Local income tax	19 Local income tax		19 Local in	come tax	
20 Locality name		20 Locality name	20 Locality name		20 Locality	name	

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McDonald's			2022 <sub>/ W-2</sub>					
343 River St Hackensack, NJ 07601			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)					
Hackers	3ack, 140 07 00 1	•	Complete boxes f and/or	<u> </u>	rect on form	n previously filed >		
			f Employee's previously re	eported SSN				
<b>b</b> Employer's Fe	12-3456	3789	g Employee's previously r	eported name				
			h Employee's first name ar	nd initial	Last name	Suff.		
corrections invo	olving MQGE, see the	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and	ZIP code				
Previou	sly reported	Correct information	Previously repo	orted	Correct information			
1 Wages, tips, of	ther compensation	Wages, tips, other compensation	2 Federal income tax with	held	2 Federa	al income tax withheld		
3 Social securit	ty wages	3 Social security wages	4 Social security tax with	held	4 Social	security tax withheld		
5 Medicare was	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medica	are tax withheld		
7 Social securit	ty tips	7 Social security tips	8 Allocated tips		8 Allocat	ted tips		
9		9	10 Dependent care benefit	'S	10 Depen	dent care benefits		
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	¢ 12	12a See in	structions for box 12		
13 Statutory employee plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b		<b>12b</b>			
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c			
			12d		12d			
			o d e		C o d e			
		State Correction	n Information		<u> </u>			
Previou	ısly reported	Correct information	Previously repo	orted	Cor	rect information		
15 State		15 State	15 State		15 State			
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	nber	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	ion Information		1			
Previously reported Correct information			Previously repo	orted	Correct information			
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local w	vages, tips, etc.		
19 Local income	tax	19 Local income tax	19 Local income tax		19 Local in	ncome tax		
20 Locality name	9	20 Locality name	20 Locality name		20 Locality	y name		

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Hackens	sack, NJ 07601	1	Complete boxes f and/or g only if incor	rrect on form <b>previously filed</b>			
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Previou	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securit	ty 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 Reti	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b			
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c			
			12d	12d			
			<u> </u>				
		State Correction					
	sly reported	Correct information	Previously reported	Correct information			
<b>15</b> State	· <u>-</u>	15 State	15 State	15 State			
	ate 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							
Previou	sly 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	3	20 Locality name	20 Locality name	20 Locality name			

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a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN		
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343 River St			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
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b Employer's Federal EIN 12-3456789			g Employee's previously reported name			
			h Employee's first name and initial	Last name Suff.		
corrections invo	•	at are being corrected (exception: for General Instructions for W-2 and W-3, N-2c, boxes 5 and 6).	i Employee's address and ZIP code			
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1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social securi	ty 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 Plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
			12d	12d		
		State Correction				
	ısly reported	Correct information	Previously reported	Correct information		
<b>15</b> State		15 State	<b>15</b> State	<b>15</b> State		
	ate 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				
	ısly 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	9	20 Locality name	20 Locality name	20 Locality name		