

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code BuzzFeed, Inc. 111 E 18th St New York, NY 10003		c Tax year/Form corrected 2017 / W-2	d Employee's correct SSN 589-43-6175
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>	
		Complete boxes f and/or g only if incorrect on form previously filed ▶	
		f Employee's previously reported SSN	
b Employer's Federal EIN 26-2838695		g Employee's previously reported name	
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).		h Employee's name, address, and ZIP code Noga Raviv 450 Broadway Brooklyn, NY 11221	
Previously reported		Correct information	
1 Wages, tips, other compensation 36787.51	1 Wages, tips, other compensation 40866.78	2 Federal income tax withheld 7075.80	2 Federal income tax withheld 7834.82
3 Social security wages 37287.55	3 Social security wages 41366.82	4 Social security tax withheld 2311.83	4 Social security tax withheld 2564.74
5 Medicare wages and tips 37287.55	5 Medicare wages and tips 41366.82	6 Medicare tax withheld 540.67	6 Medicare tax withheld 599.82
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 P 0.00	12a See instructions for box 12 P 198.70
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 NY	15 State NY	15 State	15 State
Employer's state ID number 26-2838695	Employer's state ID number 26-2838695	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc. 36787.51	16 State wages, tips, etc. 40866.78	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax 2024.35	17 State income tax 2416.35	17 State income tax	17 State income tax
Locality Correction Information			
Previously reported		Correct information	
18 Local wages, tips, etc. 24401.26	18 Local wages, tips, etc. 28480.53	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 NY	20 Locality name NY	20 Locality name	20 Locality name

Copy C--For EMPLOYEE's RECORDS

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 c. 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 there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable.

If you have not filed your return for the year shown in box c, 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.

W-2c

38-2099803