DO NOT CUT, FOLD, OR STAPLE THIS FORM

a Tax year/Form corrected	44444	ЦЦЦЦ For Official Use Only ▶				
/ W-2	OMB No. 1545-0008					
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)	me	d Employer's Federal EIN		
e Employee's first name and initial Last nam		me Suff.		g Employer's name, address, and Zl	P code	
	I					
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		yee's incorrect SSN		i Employee's name (as incorrectly s	shown on previous form)	
	Note: Only co	mplete money field	s that	t are being corrected (except MQGE).		
Previously reported	C	orrect information		Previously reported	Correct information	
1 Wages, tips, other compensation	1 Wage	s, tips, other compensation		2 Federal income tax withheld	2 Federal income tax withheld	
3 Social security wages	3 Socia	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 Socia	Il security tips		8 Allocated tips	8 Allocated tips	
9 Advance EIC payment	9 Adva	nce EIC payment		10 Dependent care benefits	10 Dependent care benefits	
11 Nonqualified plans	11 Nonc	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 employe		у	12b	12b	
14 Other (see instructions)	14 Othe	(see instructions)		12c C 0	12c	
				12d	12d	
State Correction Information						
Previously reported	Co	rrect information		Previously reported	Correct information	
15 State	15 State			15 State	15 State	
Employer's state ID number	Emplo	ver'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	on Information			
18 Local wages, tips, etc.	18 Loca	wages, tips, etc.		18 Local wages, tips, etc.	18 Local wages, tips, etc.	
19 Local income tax	19 Loca	income tax		19 Local income tax	19 Local income tax	
20 Locality name	20 Loca	ity 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	44444 OMB No. 1545-0008	3				
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)	d Employer's Federal EIN				
e Employee's first name and initial Last name		Suff. g Employer's name, address, and ZII	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 s	i Employee's name (as incorrectly shown on previous form)			
No	ote: Only complete money field	ds that are being corrected (except M	t are being corrected (except MQGE).			
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 plan sick pay	12b	12b			
14 Other (see instructions)	14 Other (see instructions)	12c	12c			
		12d	12d			
	1	rection 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						
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,	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		name Suff.		g Employer's name, addr	ess, and ZIP c	ode
Complete boxes h and/or i o	f Employee's address and ZIP code Complete boxes h and/or i only if incorrect on last form filed. ▶ h Employee's incorrect S			i Employee's name (as ir	ncorrectly show	wn on previous form)
			s that	t are being corrected (except MQGE).		
Previously reported	C	orrect information	ect information Previously		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	hheld	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		12b		12b
14 Other (see instructions)	14 Other (see instructions) 14 Other (see instructions)			12c		12c
				12d		12d
				, 6		
State Correction Information						
Previously reported	Co	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	16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.
17 State income tax	17 State	17 State 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	20 Locality name		20 Locality name		20 Locality name

a Tax year/Form corrected	OMB No. 1545-0008		Safe, accurate, Visit the IRS website		
/ W-2			FAST! Use		at www.irs.gov.
b Employee's correct SSN	name (if o	d SSN and/or checked, enter SSN and/or name and/or box i)	d Employer's Federal EIN		
e Employee's first name and initial Last name		Suff	g Employer's name, addr	ess, and ZIP code	
f Employee's address and ZIP code Complete boxes h and/or i on if incorrect on last form filed.	ly h Employee's incor	rect SSN	i Employee's name (as in	ncorrectly shown on p	revious form)
N	lote: Only complete n	noney fields tha	t are being corrected (except MQGE).		
Previously reported	Correct inf	ormation	Previously repo	orted	Correct information
1 Wages, tips, other compensation	1 Wages, tips, other	compensation	2 Federal income tax wit	hheld 2 Fe	ederal income tax withheld
3 Social security wages	3 Social security w	3 Social security wages		held 4 So	ocial security tax withheld
5 Medicare wages and tips	5 Medicare wages and tips		6 Medicare tax withheld	6 M	edicare tax withheld
7 Social security tips	7 Social security tip	7 Social security tips		8 AI	located tips
9 Advance EIC payment	9 Advance EIC pay	9 Advance EIC payment		ts 10 De	ependent care benefits
11 Nonqualified plans	11 Nonqualified plan	11 Nonqualified plans		x 12	ee instructions for box 12
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirem plan	ent Third-party sick pay	12b	12b	
14 Other (see instructions)	14 Other (see instruc	ctions)	12c	12c	
			12d	12d	
			е	l e	
State Correction Information					
Previously reported	Correct inf		Previously rep	orted C	Correct information
15 State	15 State		15 State	15 Sta	te
Employer's state ID number	Employer's state II	Employer's state ID number		iber Em	ployer's state ID number
16 State wages, tips, etc.	16 State wages, tips	16 State wages, tips, etc.		16 St	tate wages, tips, etc.
17 State income tax	17 State income tax	17 State income tax		17 St	tate income tax
	Loc	tion Information			
18 Local wages, tips, etc.	18 Local wages, tips		18 Local wages, tips, etc.	18 Lo	ocal wages, tips, etc.
19 Local income tax	19 Local income tax	19 Local income tax		19 Lo	ocal income tax
20 Locality name	20 Locality name		20 Locality name	20 Lo	ocality 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				
/ W-2					
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)	d Employer's Federal EIN			
e Employee's first name and initial	Last name	Suff. g 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.	h Employee's incorrect SSN	i Employee's name (as incorrectly	shown on previous form)		
No	ote: Only complete money field	Is that are being corrected (except N	t are being corrected (except MQGE).		
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-par employee plan sick pay	12b	12b		
14 Other (see instructions)	14 Other (see instructions)	12c	12c		
		12d	12d		
	State Corr	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 Co	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				
/ W-2					
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.		P code		
f. Employee's address and 7ID code	l				
Complete boxes h and/or i only if incorrect on last form filed.			i Employee's name (as incorrectly shown on previous form)		
Note	: Only complete money fields the	nat are being corrected (except M	t are being corrected (except MQGE).		
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		
		12d	12d		
	State Correct	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 Correction 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*.