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

a Tax year/Form corrected / W-2	44444	For Official Use Only ▶				
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 name		name Suff.		g Employer's name, address, and ZII	P code	
f Employee's address and ZIP cod Complete boxes h and/or i on if incorrect on last form filed.	ly h Emplo	yee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)		
1	lote: Only co	omplete 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 wag		care wages and tips	e wages and tips 6 Medicare tax withheld		Medicare tax withheld	
7 Social security tips	7 Socia	al 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 Nonc	11 Nonqualified plans		12a See instructions for box 12	12a See instructions for box 12	
13 Statutory Retirement Third-party sick pay	13 Statutory employe		ty	12b	12b	
14 Other (see instructions)	14 Othe	(see instructions)		12c	12c	
				12d ^C ⁰	12d	
				е	e	
		State Corr	ectio	n Information		
Previously reported		prrect information		Previously reported	Correct information	
15 State	15 State			15 State	15 State	
Employer's state ID number	Emplo	yer'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	recti	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	

a Tax year/Form corrected	44444					
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 S		Suff. g Employer's name, address, and Z	IP code			
f Employee's address and ZIP code Complete boxes h and/or i onl		i Employee's name (as incorrectly	shown on previous form)			
if incorrect on last form filed.	<u> </u>	le that are being connected (except N				
l N	ote: Only complete money held	is that are being corrected (except in	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 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			

Copy 1—State, City, or Local Tax Department
Corrected Wage and Tax Statement

a Tax year/Form corrected		Safe, accurate,	IRSO STILO	Visit the IRS website		
/ W-2		FAST! Use		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)					
e Employee's first name and initial	Last name	Suff. g Employer's name, addr	ress, and ZIP 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 ii	i Employee's name (as incorrectly shown on previous form)			
No	te: Only complete money field	ds that are being corrected (t are being corrected (except MQGE).			
Previously reported	Correct information	Previously rep	orted Co	Correct information		
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax with	thheld 2 Feder	ral income tax withheld		
3 Social security wages	3 Social security wages	4 Social security tax with	hheld 4 Socia	I security tax withheld		
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Media	Medicare tax withheld		
7 Social security tips	7 Social security tips 8	Allocated tips	8 Alloca	8 Allocated tips		
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benef	its 10 Depe	ndent care benefits		
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for bo	ox 12 12a See ii	nstructions for box 12		
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-pai		12b			
14 Other (see instructions)	14 Other (see instructions)	12c	12c			
		12d	12d			
			l A			
	State Corr	rection Information				
Previously reported	Correct information		orted Cor	Correct information		
15 State	15 State	15 State	15 State			
Employer's state ID number	Employer's state ID number	Employer's state ID nun	nber Employ	/er'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 Locali	ty name		

a Tax year/Forn					Safe, accurate, FAST! Use	IRS A	fle)	Visit the IRS website at www.irs.gov.
	′ W-2							at www.ms.gov.
b Employee's co	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 firs	e Employee's first name and initial Last name Suff.			g Employer's name, addre	ess, and ZIP co	ode		
f Employee's ad	ldress and ZIP code			1				
Complete box	es h and/or i onl last form filed.	y h Emplo	yee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)			
	N	ote: Only co	omplete money field	ls that	t are being corrected (except MQGE).			
Previous	sly reported	Co	orrect information		Previously repo	orted	Cor	rect information
1 Wages, tips, oth	er compensation	1 Wages	s, tips, other compensation		2 Federal income tax with	hheld	2 Federa	al income tax withheld
3 Social security	wages	3 Socia	l security wages		4 Social security tax with	held	4 Social	security tax withheld
5 Medicare wage	es and tips	5 Media	care wages and tips		6 Medicare tax withheld	6	Medicare tax withheld	
7 Social security	security tips 7 Social security tips 8			Allocated tips		8 Alloca	ted tips	
9 Advance EIC p	vance EIC payment 9 Advance EIC payment				10 Dependent care benefit	ts	10 Deper	ndent care benefits
11 Nonqualified plans 11 Nonqualified plans			12a See instructions for box	x 12	12a See in	nstructions for box 12		
13 Statutory Ref	tirement Third-party n sick pay	13 Statutory employee		ty	12b		12b	
14 Other (see inst	ructions)	14 Other	(see instructions)		12c		12c	
					12d		12d	
					е		е	
			State Corr	ectio	n Information			
Previous	sly reported	Co	rrect information		Previously repo	orted	Cor	rect information
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		er's state ID number				
16 State wages, t	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	ion Information					
18 Local wages, t	ips, etc.	18 Local	wages, tips, etc. 18		Local wages, tips, etc.		18 Local	wages, tips, etc.
19 Local income t	tax	19 Local	income tax 19		Local income tax		19 Local	income tax
20 Locality name		20 Local	ity name 20		Locality name		20 Localit	y 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.

а	Tax year/Form corrected						
	/ 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)	me	d Employer's Federal EIN			
е	Employee's first name and initial	Last nam	ne Suff.		g Employer's name, address, and ZIF	code code	
	Employee's address and ZIP cod						
if	omplete boxes h and/or i o incorrect on last form filed	nly h Emplo	yee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)		
		Note: Only co	mplete money field	s that	t are being corrected (except MQGE).		
	Previously reported	Co	orrect information		Previously reported	Correct information	
1	Wages, tips, other compensation	1 Wages	s, tips, other compensation		2 Federal income tax withheld	2 Federal income tax withheld	
3	Social security wages	3 Socia	I security wages		4 Social security tax withheld	4 Social security tax withheld	
5	Medicare wages and tips	5 Media	care wages and tips		6 Medicare tax withheld 6	Medicare tax withheld	
7	Social security tips	7 Socia	I security tips 8		Allocated tips	8 Allocated tips	
9	Advance EIC payment	9 Advar	nce EIC payment		10 Dependent care benefits	10 Dependent care benefits	
11	Nonqualified plans	11 Nonq	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		ty	12b	12b	
14	Other (see instructions)	14 Other	(see instructions)		12c	12c	
					C C		
					e e	9	
			State Corr	ectic	n Information		
	Previously reported	C -		CCLIC	n Information Previously reported	Correct information	
15	State	15 State	rrect information		15 State	15 State	
	Employer's state ID number	Employ	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	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 Local	income tax 19		Local income tax	19 Local income tax	
20	Locality name	20 Local	ity name 20		Locality name	20 Locality name	

a Tax year/Form corrected					
/ 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	e Employee's first name and initial Last name Suff		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	shown on previous form)		
Note	: Only complete money fields t	hat 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	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 o d	C o d e		
	State Correc	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	me 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	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*.