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

a Tax year/Form corrected	4444	For Official Use Onl OMB No. 1545-0008	-				
b Employee's correct SSN		c Corrected SSN and/or		d Employer's Federal EIN			
b Employee's contest cont		name (if checked, enter incorrect SSN and/or na in box h and/or box i)	me	a Employor of Gastar Env			
e Employee's first name and initial	e Employee's first name and initial Last nam		Suff.	g Employer's name, address, and ZIP code			
f Employee's address and ZID 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.		oyee's <b>incorrect</b> SSN		i Employee's name (as incorrectly s	hown on previous form)		
			ls that	t are being corrected (except MQGE).			
Previously reported	C	orrect information	rect information Previously report		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	al security wages		4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wages and tips	5 Medi	care wages and tips		6 Medicare tax withheld	6 Medicare tax withheld		
7 Social security tips	7 Socia	al security tips		8 Allocated tips	8 Allocated tips		
9 Advance EIC payment	9 Adva	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 employee plan sick pay	13 Statutory employe		ty	12b	12b		
14 Other (see instructions)	14 Othe	r (see instructions)		12c	12c		
				12d	12d		
		State Corr	ectio	n Information			
Previously reported	Correct information			Previously reported	Correct information		
15 State	15 State			<b>15</b> 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.		<b>16</b> 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	rrecti	on Information			
18 Local wages, tips, etc.	18 Loca	I wages, tips, etc.		18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income tax	19 Loca	I income tax		19 Local income tax	19 Local income tax		
20 Locality name	20 Loca	lity 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	<b>4444</b> OMB No. 1545-0008					
<b>b</b> Employee's correct SSN	c Corrected SSN and/or name (if checked, enter incorrect SSN and/or nar in box h and/or box i)	d Employer's Federal EIN				
e Employee's first name and initial	Last name	Suff. <b>g</b> Employer's name, address, and ZI	P code			
Complete boxes h and/or i only	Employee's address and ZIP code  Complete boxes h and/or i only f 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	s 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 Retirement Third-part sick pay	12b	12b			
14 Other (see instructions)	14 Other (see instructions)	12c	12c			
		<b>12d</b>   C     	12d			
	21.1.0					
		ection Information	0			
Previously reported	Correct information 15 State		Correct information			
<b>15</b> State		<b>15</b> State	<b>15</b> 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 Cor	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	C	OMB No. 1545-0008		Safe, accurate, Visit the IRS website			
/ W-2				FAST! Use			at www.irs.gov.
<b>b</b> Employee's correct SSN	n: in	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	name and initial Last name		Suff.	g Employer's name, addre	ess, and ZIP co	ode	
Complete boxes h and/or i or	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)			
ı	lote: Only compl	ete money fields	s that	t are being corrected (except MQGE).			
Previously reported	Corre	ect information Previously r		Previously repo	orted	Cor	rect information
1 Wages, tips, other compensation	1 Wages, tips	, other compensation		2 Federal income tax wit	hheld	2 Federa	al income tax withheld
3 Social security wages	3 Social sec	urity wages		4 Social security tax with	held	4 Social	security tax withheld
5 Medicare wages and tips	5 Medicare v	wages and tips		6 Medicare tax withheld		6 Medicare tax withheld	
7 Social security tips	7 Social sec	7 Social security tips		8 Allocated tips		8 Allocated tips	
9 Advance EIC payment	9 Advance E	9 Advance EIC payment		10 Dependent care benefi	ts	10 Depen	ndent care benefits
11 Nonqualified plans	11 Nonqualifie	11 Nonqualified plans		12a See instructions for bo	x 12	<b>12a</b> See in	structions for box 12
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory employee			12b		12b	
14 Other (see instructions)	14 Other (see	14 Other (see instructions)		12c		12c	
				12d		<b>12d</b>	
			_	Ө		е	
		State Corre	ectio	n Information			
Previously reported	Previously reported Correct information		Previously repo	orted	Cor	rect information	
15 State	15 State			15 State		15 State	
Employer's state ID number	Employer's	Employer's state ID number		Employer's state ID num	ber	Employer's state ID number	
16 State wages, tips, etc.	16 State wage	16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax	17 State incor	17 State income tax		17 State income tax	17 State income tax		
	on Information						
18 Local wages, tips, etc.	18 Local wag	18 Local wages, tips, etc.		18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax	19 Local inco	me tax		19 Local income tax		19 Local	income tax
20 Locality name	20 Locality na	20 Locality name		20 Locality name		20 Localit	ty name

a Tax year/Form corrected		OMB No. 1545-0008		Safe, accurate,	IRS	Visit the IRS website	
/ W-2				FAST! Use	G	at www.irs.gov.	
<b>b</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 Last name		me	Suff.	g Employer's name, addr	ess, and ZIP c	ode	
J							
Complete boxes h and/or i o	Employee's address and ZIP code  Complete boxes h and/or i only incorrect on last form filed.			i Employee's name (as incorrectly shown on previous form)			
	Note: Only co	omplete money field	s that	t are being corrected (except MQGE).			
Previously reported	C	orrect information		Previously repo	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	al security wages		4 Social security tax with	held	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		<b>12b</b>		12b	
14 Other (see instructions)	14 Othe	14 Other (see instructions)		12c		12c	
				12d		12d	
		State Corr	ectio	n Information			
Previously reported			Previously repo	reported Correct information			
15 State	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	State income tax 1		17 State income tax		17 State income tax	
Locality Correcti				ion Information			
18 Local wages, tips, etc.	18 Loca	18 Local wages, tips, etc.		18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax	19 Loca	I income tax		19 Local income tax		19 Local income tax	
20 Locality name	20 Loca	20 Locality name		20 Locality name		20 Locality 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>b</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	Last name Si	uff. <b>g</b> Employer's name, address, and ZIP	g Employer's name, address, and ZIP code		
6. Employee's address and 7/D cade	JJ				
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 sh	i Employee's name (as incorrectly shown on previous form)		
Note	: Only complete money fields the	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 C d d 12d	12c C C C C C C C C C C C C C C C C C C C		
		c c			
		е	0		
	State Correct	ion 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 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 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>b</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	Last name Su	ff. <b>g</b> Employer's name, address, and ZIF	P code		
6 Facebook and Alborda	]				
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)			
Note	e: Only complete money fields th	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 C c d		
		12d C 0 0 0	12d		
	State Correct	on 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 Correct	tion 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*.