

<b>a Tax year/Form corrected</b> ..... / <b>W-2</b> .....		4 4 4 4 4	Void <input type="checkbox"/>	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>b Employee's name, address, and ZIP code</b>			<input type="checkbox"/> Corrected name (if checked, also complete box h)	<b>c Employer's name, address, and ZIP code</b>		
<b>d Employee's correct SSN</b>		Complete boxes g and/or h ( <b>below</b> ) <b>only if incorrect</b> on last form filed.		<b>e Employer's Federal EIN</b>		<b>f Employer's state ID number</b>
<b>g Employee's incorrect SSN</b>		<b>h Employee's name (as incorrectly shown on previous form)</b>			<b>Note:</b> Only complete money fields that are being corrected (except MQGE).	
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		<b>2</b> Federal income tax withheld
<b>3</b> Social security wages		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		<b>4</b> Social security tax withheld
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		<b>6</b> Medicare tax withheld
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips
				<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>13</b> Statutory employee Retirement plan Third-party sick pay
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement**

Cat. No. 61437D Department of the Treasury Internal Revenue Service


**Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page**

<b>a Tax year/Form corrected</b> ..... / <b>W-2</b> .....		OMB No. 1545-0008	
<b>b</b> Employee's name, address, and ZIP code <input type="checkbox"/> Corrected name (if checked, also complete box h)		<b>c</b> Employer's name, address, and ZIP code	
<b>d</b> Employee's correct SSN	Complete boxes g and/or h ( <b>below</b> ) <b>only if incorrect</b> on last form filed.	<b>e</b> Employer's Federal EIN	<b>f</b> Employer's state ID number
<b>g</b> Employee's <b>incorrect</b> SSN	<b>h</b> Employee's name (as <b>incorrectly</b> shown on previous form)		
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>Previously reported</b>	
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>Correct information</b>	
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld
		<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld
		<b>8</b> Allocated tips	<b>8</b> Allocated tips
		<b>13</b> Statutory employee <input type="checkbox"/>	<b>13</b> Statutory employee <input type="checkbox"/>
		Retirement plan <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
		Third-party sick pay <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement**

**Copy 1—For State, City, or Local Tax Department**  
Department of the Treasury  
Internal Revenue Service


<b>a Tax year/Form corrected</b> ..... / <b>W-2</b> .....		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>				Visit the IRS Web Site at <a href="http://www.irs.gov">www.irs.gov</a> .	
<b>b Employee's name, address, and ZIP code</b>				<input type="checkbox"/> Corrected name (if checked, also complete box h)		<b>c Employer's name, address, and ZIP code</b>			
<b>d Employee's correct SSN</b>		Complete boxes g and/or h ( <b>below</b> ) <b>only if incorrect</b> on last form filed.		<b>e Employer's Federal EIN</b>		<b>f Employer's state ID number</b>			
<b>g Employee's incorrect SSN</b>		<b>h Employee's name (as incorrectly shown on previous form)</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		<b>2</b> Federal income tax withheld			
<b>3</b> Social security wages		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		<b>4</b> Social security tax withheld			
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		<b>6</b> Medicare tax withheld			
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips			
				<b>13</b> Statutory employee		Retirement plan		Third-party sick pay	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<b>13</b> Statutory employee		Retirement plan		Third-party sick pay	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement**

**Copy B—To Be Filed With Employee's  
FEDERAL Tax Return**

Department of the Treasury  
Internal Revenue Service

<b>a Tax year/Form corrected</b> ..... / <b>W-2</b> .....		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b>				Visit the IRS Web Site at <a href="http://www.irs.gov">www.irs.gov</a> .	
<b>b Employee's name, address, and ZIP code</b>				<input type="checkbox"/> Corrected name (if checked, also complete box h)		<b>c Employer's name, address, and ZIP code</b>			
<b>d Employee's correct SSN</b>		Complete boxes g and/or h ( <b>below</b> ) <b>only if incorrect</b> on last form filed.		<b>e Employer's Federal EIN</b>		<b>f Employer's state ID number</b>			
<b>g Employee's incorrect SSN</b>		<b>h Employee's name (as incorrectly shown on previous form)</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		<b>2</b> Federal income tax withheld			
<b>3</b> Social security wages		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		<b>4</b> Social security tax withheld			
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		<b>6</b> Medicare tax withheld			
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips			
				<b>13</b> Statutory employee		Retirement plan		Third-party sick pay	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
				<b>13</b> Statutory employee		Retirement plan		Third-party sick pay	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Copy C—For EMPLOYEE'S RECORDS**

**Corrected Wage and Tax Statement**

## Notice to Employee

This is a corrected **Form W-2**, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, or W-2VI) 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.

<b>a Tax year/Form corrected</b> ..... / <b>W-2</b> .....		OMB No. 1545-0008	
<b>b</b> Employee's name, address, and ZIP code <input type="checkbox"/> Corrected name (if checked, also complete box h)		<b>c</b> Employer's name, address, and ZIP code	
<b>d</b> Employee's correct SSN	Complete boxes g and/or h ( <b>below</b> ) <b>only if incorrect</b> on last form filed.	<b>e</b> Employer's Federal EIN	<b>f</b> Employer's state ID number
<b>g</b> Employee's <b>incorrect</b> SSN	<b>h</b> Employee's name (as <b>incorrectly</b> shown on previous form)		
<b>Previously reported</b>		<b>Correct information</b>	
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
		<b>13</b> Statutory employee <input type="checkbox"/>	<b>13</b> Statutory employee <input type="checkbox"/>
		Retirement plan <input type="checkbox"/>	Retirement plan <input type="checkbox"/>
		Third-party sick pay <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>

Form **W-2c** (Rev. 12-2001)

**Corrected Wage and Tax Statement**

**Copy 2—To Be Filed With Employee's  
State, City, or Local Income  
Tax Return**

Department of the Treasury  
Internal Revenue Service



## **Employers, Please Note:**

Specific information needed to complete Form W-2c is given in the separate **Instructions for Forms W-2c and W-3c** (December 2001). 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 Web Site at **[www.irs.gov](http://www.irs.gov)**.