а	Tax year/Form corrected/ W-2	44444	Void	For Official OMB No. 1	I Use Only ► 545-0008						
b	Employee's name, address, and ZIP code Corrected name (if checked, also complete box h)			c Employer's name, address, and ZIP code							
d	Employee's correct SSN		boxes g and/o orrect on last		е	Employer's Federal EIN f Employer's state ID number			ID number		
g	Employee's incorrect SSN	t SSN h Employee's name (as incorrectly sho		wn on previous form)		Note: Only complete money fields that are being corrected (except MQGE).					
	Previously reported	Col	rrect inforr	mation		Previously i	eported	С	orrect info	ormation	
1	Wages, tips, other compensation	1 Wages,	tips, other com	pensation	2	Federal income tax	withheld	2 Fed	leral income t	tax withheld	
3	Social security wages	3 Social	security wage	s	4	Social security tax	withheld	4 Soc	cial security to	ax withheld	
5	Medicare wages and tips	5 Medica	are wages and	tips	6	Medicare tax withh	eld	6 Med	dicare tax wit	hheld	
7	Social security tips	7 Social	security tips		8	Allocated tips		8 Allo	cated tips		
					13	Statutory Retirement plan	Third-party sick pay	13 Statut	tory Retirem plan	ent Third-party sick pay	

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

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а	Tax year/Form corrected/ W-2		OMB No. 1545-0008					
b	Employee's name, address, and ZIP code Corrected name (if checked, also complete box h)			c Employer's name, address, and ZIP code				
d	Employee's correct SSN	Complete boxes g and/or line only if incorrect on last fo		ployer's Federal EIN	f Employer's state ID number			
g	g Employee's incorrect SSN h Employee's name (as i		incorrectly shown on previous form)					
	Previously reported	Correct informa	ation	Previously reported	Correct information	n		
1	Wages, tips, other compensation	1 Wages, tips, other compen-	sation 2 Fed	leral income tax withheld	2 Federal income tax withhele	d		
3	Social security wages	3 Social security wages	4 Soc	cial security tax withheld	4 Social security tax withheld	1		
5	Medicare wages and tips	5 Medicare wages and tip	6 Me	dicare tax withheld	6 Medicare tax withheld			
7	Social security tips	7 Social security tips	8 Allo	cated tips	8 Allocated tips			
			13 State emp	utory Retirement Third-party loyee plan sick pay	13 Statutory Retirement Third-remployee plan sick pt			

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

а	Tax year/Form corrected / W-2		OMB No. 154	5-0008	Safe, accurate, FAST! Use	IRS P	file)	Visit the IRS Web Site at www.irs.gov.
b	Employee's name, address, and	Lif (if	orrected name checked, also omplete box h)	c Employ	er's name, addres	ss, and ZIP co	ode	
d	Employee's correct SSN	Complete boxes g and/c only if incorrect on last		e Employ	er's Federal EIN		f Employer's	s state ID number
g	g Employee's incorrect SSN h Employee's name (as incorrectly		incorrectly show	nown on previous form)				
	Previously reported	Correct inforr	nation	Pre	viously repor	rted	Correc	t information
1	Wages, tips, other compensation	1 Wages, tips, other comp	ensation	2 Federa	income tax withh	neld	2 Federal inc	come tax withheld
3	Social security wages	3 Social security wages		4 Social	security tax withhe	eld	4 Social seci	urity tax withheld
5	Medicare wages and tips	5 Medicare wages and	tips	6 Medica	re tax withheld		6 Medicare t	ax withheld
7	Social security tips	7 Social security tips		8 Allocate	ed tips		8 Allocated t	ips
				Statutory employee		ird-party ck pay	13 Statutory employee	Retirement Third-party plan sick pay

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

Department of the Treasury Internal Revenue Service

Corrected Wage and Tax Statement

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

а	Tax year/Form corrected / W-2		OMB No. 1545-0	Safe, accurate, FAST! Use	IRS P	ile)	Visit the IRS Web Site at www.irs.gov.
b	Employee's name, address, and	(if	orrected name checked, also mplete box h)	Employer's name, addre	ess, and ZIP coo	de	
d	Employee's correct SSN	Complete boxes g and/o only if incorrect on last		Employer's Federal EIN		f Employer's	state ID number
g	Employee's incorrect SSN	h Employee's name (as	incorrectly shown or	n previous form)			
	Previously reported	Correct inforr	mation	Previously repo	rted	Correc	t information
1	Wages, tips, other compensation	1 Wages, tips, other comp	pensation 2	Federal income tax with	held	2 Federal inc	ome tax withheld
3	Social security wages	3 Social security wages	4	Social security tax withh	neld	4 Social secu	urity tax withheld
5	Medicare wages and tips	5 Medicare wages and	tips 6	Medicare tax withheld		6 Medicare to	ax withheld
7	Social security tips	7 Social security tips	8	Allocated tips		8 Allocated to	ps
			13		Third-party sick pay	Statutory employee	Retirement Third-party sick pay

Copy C—For EMPLOYEE'S RECORDS

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

Corrected Wage and Tax Statement

Department of the Treasury Internal Revenue Service

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.

а	Tax year/Form corrected/ W-2	OME	3 No. 1545-0008	o. 1545-0008				
b	Employee's name, address, and	ZIP code Corrected (if checked, complete bo	also	c Employer's name, address, and ZIP code				
d	Employee's correct SSN	Complete boxes g and/or h (belo only if incorrect on last form file		f Employer's state ID number				
g	Employee's incorrect SSN	h Employee's name (as incorrec	ctly shown on previous form)					
	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				
			13 Statutory Retirement Third-party employee plan Sick pay	13 Statutory Retirement Third-party employee plan Sick pay				

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

_	Tax year/Form corrected						
а	/ W-2	Void OMB No. 1	545-0008				
b	Employee's name, address, and	ZIP code Corrected name (if checked, also complete box h)	c Employer's name, address, and ZIP code				
d	Employee's correct SSN	Complete boxes g and/or h (below) only if incorrect on last form filed.	e Employer's Federal EIN	f Employer's state ID number			
g	Employee's incorrect SSN	h Employee's name (as incorrectly sho	wn on previous form)				
	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			
			13 Statutory Retirement Third-party sick pay	13 Statutory Retirement Third-party sick pay			

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

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

Corrected Wage and Tax Statement

Copy D—For EmployerDepartment 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.