


a Tax year/Form corrected / W-2		OMB No. 1545-0008	
b Employee's name, address, and ZIP code		<input type="checkbox"/> 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 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 employee <input type="checkbox"/>	13 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


a Tax year/Form corrected / W-2		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS Web Site at www.irs.gov .	
b Employee's name, address, and ZIP code <input type="checkbox"/> 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 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 employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
				13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <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

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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 employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	

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.

a Tax year/Form corrected / W-2		OMB No. 1545-0008	
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Previously reported		Correct information	
Previously reported		Correct information	
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		13 Statutory employee <input type="checkbox"/>	13 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.