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Please	5	Emplo	oyee's correct SSN		6 En	nployer's SSA r	number	7 Employer's	Federal EIN		8 Employer's state I.D. number
-	9	Emplo	oyee's name, address	s, and ZIP				10 Employer's	name, address, and	I ZIP cod	de
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L			Local tax withheld instructions. For Pap		<u> </u>						r Social Security Administration
t staple	1		being corrected		loyer's (For Official Use Only ►	Daniel Land	OAZ Dolld Madi		
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			instructions. For Pap W-2c (Rev. 11-87							ру А 10	r Social Security Administration Department of the Treasury Internal Revenue Service

Form W-2c (Rev. 11-87) Statement of Corrected Income and Tax Amounts

1		being corrected	2 Emp	loyer's use				
3	Form:	: W-2	☐ W-2/	=	4 Stat. De- emp. ceased	Pension Legal 9 I plan rep. er	42 Def'd. Medicare np. comp. gov't. emp.	OMB No. 1545-0008 Expires: 10-31-90
5	Emplo	oyee's correct SSN		6 Employer's SSA	number	7 Employer's F	ederal EIN	8 Employer's state I.D. number
9	Emplo	oyee's name, addres	ss, and ZIP	code		10 Employer's r	ame, address, and ZIP o	rode
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	14							
	15	Social security tax					3.7.	
	16	Wages, tips, other						
S	17	Federal income tax				†		
Ŝ.	18	Allocated tips	·······································	 		 		
CHANGES	19	Anocated tips				-		
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	21	Taxable amount (V	V-2P)					
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	24	Local wages Local tax withheld				<u> </u>		
	25	Local tax withheld				L	Conv 1 for sta	te, city, or local tax department
1		being corrected	2 Emp	loyer's use	1			
		19	2 Emp	AS W-2NMI	4 Stat. De- emp. ceased	Pension Legal 9 plan rep. ei	42 Def'd. Medicare np. comp. gov't. emp.	OMB No. 1545-0008 Expires: 10-31-90
3	Form	19 : □ W-2	☐ W-2/	AS W-2NMI GU W-2VI 6 Employer's SSA		Pension Legal 9 i plan rep. et	np. comp. gov't.emp.	
3	Form	19 :	☐ W-2/	AS W-2NMI GU W-2VI 6 Employer's SSA		7 Employer's F	np. comp. gov't.emp.	Expires: 10-31-90 8 Employer's state I.D. number
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Form W-2c (Rev. 11-87) Statement of Corrected Income and Tax Amounts

Department of the Treasury Internal Revenue Service

1	Year being corrected 19	2 Emp	loyer's use				
3	Form: \(\bar{\pi} \) W-2	□ W-2#	AS W-2NMI	4 Stat. De- emp. ceased	Pension Legal 942 plan rep. emp	Def'd. Medicare	OMB No. 1545-0008
	∏ W-2P [W-20	=	emp. ceased	plan rep. emp	. comp. gov't. emp.	Expires: 10-31-90
5	Employee's correct SSN		6 Employer's SSA	number	7 Employer's Fed	leral EIN	8 Employer's state I.D. number
			69-				
9	Employee's name, address	, and ZIP	code		10 Employer's nar	ne, address, and ZIP o	ode
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	14 Social security tips						
	15 Social security tax w						
	16 Wages, tips, other co						
띘	17 Federal income tax v	withheld					
Ž	18 Allocated tips						
CHANGES	20 Gross annuity, etc. (W-2P1					
ပ	21 Taxable amount (W-						
	22 State wages						
	23 State tax withheld			-			
	24 Local wages	,					
	25 Local tax withheld						
						Copy B to be filed wit	h employee's FEDERAL tax return
						• .	Department of the Treasury
L	Form W-2c (Rev. 11-87)	State	ement of Corre	cted Incom	e and Tax Am	ounts	Internal Revenue Service
	Vacy being corrected	2 Fmn	hver's use	1			
1	Year being corrected	2 Emp	loyer's use				
	19			4 Stat. De-	Pension Legal 942	Def'd. Medicare	OMP No. 1545-0008
		2 Emp W-2/	AS W-2NMI	4 Stat. De- emp. ceased	Pension Legal 942 plan rep. emp	Def'd. Medicare. comp. gov't. emp.	OMB No. 1545-0008 Expires: 10-31-90
3	19 Form:	☐ W-2/	AS W-2NMI GU W-2VI				
3	19 Form:	☐ W-2/	AS W-2NMI		Pension Legal 942 plan rep. emp		Expires: 10-31-90
3	19 Form:	☐ W-2/	AS W-2NMI GU W-2VI 6 Employer's SSA		7 Employer's Fed		Expires: 10-31-90 8 Employer's state I.D. number
3	19 Form: ☐ W-2 ☐ W-2P Employee's correct SSN	☐ W-2/	AS W-2NMI GU W-2VI 6 Employer's SSA		7 Employer's Fed	leral EIN	Expires: 10-31-90 8 Employer's state I.D. number
3	19 Form: ☐ W-2 ☐ W-2P Employee's correct SSN	☐ W-2/	AS W-2NMI GU W-2VI 6 Employer's SSA		7 Employer's Fed	leral EIN	Expires: 10-31-90 8 Employer's state I.D. number
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Form W-2c (Rev. 11-87) Statement of Corrected Income and Tax Amounts

Department of the Treasury Internal Revenue Service

1	Year being corrected 2 Em	oloyer's use				
		40	4 Stat De-	Pension Legal 942	Def'd. Medicare	
3	Form: W-2 W-2		4 Stat. De- emp. ceased	Pension Legal 942 plan rep. emp.	comp. gov't. emp.	OMB No. 1545-0008 Expires: 10-31-90
	☐ W-2P ☐ W-2			3 Samelanaria Sadar	U U	8 Employer's state I.D. number
5	Employee's correct SSN	6 Employer's SSA	number	7 Employer's Feder	ai EiN	& Employer's state 1.D. number
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9	Employee's name, address, and ZIP	code		10 Employer shame	, address, and zir c	uue
		144 5		10 Employee's name	(on Impourantly ob	own on previous form)
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file	ed. Show incorrect item here			420		(a) Increase (decrease) (b) less (a)
	Item	(a) As Previous	ly Reported	(b) Correct Ir	itormation	(c) Increase (decrease)-(b) less (a)
	13 Social security wages					
	14 Social security tips					
	15 Social security tax withheld					
	16 Wages, tips, other comp.					
ESS.	17 Federal income tax withheld					
2	18 Allocated tips					
CHANGES	19					
ಶ	20 Gross annuity, etc. (W-2P)					
	21 Taxable amount (W-2P)					
	22 State wages					
	23 State tax withheld					
	24 Local wages					
<u> </u>	25 Local tax withheld					Copy C for employee's records
	Form W-2c (Rev. 11-87) State	ement of Corre	cted Incom	e and Tax Amo	unts	Department of the Treasury Internal Revenue Service
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	Year being corrected 2 Em	ployer's use	1			
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3	Form: W-2 W-2	AS W-2NMI	4 Stat. De-	Pension Legal 942	Def'd. Medicare	OMB No. 1545-0008
ľ		gu □ w-2vi	emp. ceased	plan rep. emp.	comp. gov't. emp.	Expires: 10-31-90
5	Employee's correct SSN	6 Employer's SSA		7 Employer's Feder	al EIN	8 Employer's state I.D. number
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Department of the Treasury Internal Revenue Service

Notice to Employee:

This is a corrected version of the W-2 form checked in item 3. If you have already filed a tax return for the year shown in item 1, you may have to file an amended return if any of the corrections change your tax liability for that year. Contact the Internal Revenue Service (or

other taxing authority in the case of Form W-2AS, W-2GU, W-2NMI, or W-2VI) for further information. When you file your return, attach this corrected

statement with the original W-2. If you have already filed a return, attach this W-2c to your amended return.

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city, or local income tax return

Department of the Treasury
Internal Revenue Service

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Department of the Treasury Internal Revenue Service

Instructions for Preparing Form W-2c

Purpose of Form.—Form W-2c is used by an employer (or other payer, in the case of Form W-2P) to correct errors in previously filed Forms W-2, W-2P, W-2AS, W-2GU, W-2NMI, or W-2VI. Use a separate Form W-3c, Transmittal of Corrected Income and Tax Statements, to transmit Forms W-2c for each type of form shown in item 3. Section 218 filers (certain state and local governmental employers) should follow the instructions received from their State Social Security Administrator in preparing corrections for years before 1987.

A single Form W-2c may be submitted without a Form W-3c. When making corrections for more than one employee, however, you must use a Form W-3c unless the forms are only correcting the employees' names or social security numbers (SSN).

Where to File.—Copy A of Form W-2c should be filed with the Social Security Administration (SSA). Correct addresses are on the back of Form W-3c. File the remaining copies of W-2c as noted on the bottom of each form.

How to Complete Form W-2c. — For descriptions of individual items, see the instructions for Forms W-2 and W-2P. Complete items 1–10 as applicable. For items 11–25 (Changes) complete only those items that are being corrected. Otherwise leave blank.

If any line shows a dollar change, and one of the amounts is zero, enter "zero" or "0"—do not leave blank.

Negative amounts in column (c) (decreases) must be bracketed

Specific Instructions

Item 2—Employer's use.—This is an optional item that employers may use to identify individual forms.

Item 6—Employer's SSA number.—This is a number beginning with "69—" that is assigned to certain state or local governmental employers for use for years before 1987. Also add the L indicator, coverage group and/or PRU number, if these have been assigned to you by SSA.

Item 8—Employer's state I.D. number.—You are not required to complete this item. This number is assigned by the individual states. You may want to complete this item if you use copies of this form for your state returns.

Items 11 and 12.—Complete items 11 and/or 12 only if you wish to correct an employee's SSN or name. If the previously reported money amounts were correct, you do not need to enter them on Form W-2c.

Item 19.—Use this line to correct the amount of taxable fringe benefits or deferred compensation shown in Box 16 of Form W-2, the advance earned income credit payment shown in Box 7 of Form W-2, or the distribution code shown in Box 14 of Form W-2P. Be sure to label the item as "Fringe benefits," the deferred compensation code section, "Advance EIC payment," or "Distribution code."

Items 22 through 25—State or local data.—If your ONLY changes to the original W-2 are to state or local data, DO NOT send the W-2c to SSA.

Paperwork Reduction Act Notice.—We ask for this information to carry out the Internal Revenue and Social Security laws of the United States. We need it to ensure that taxpayers are complying with these laws and so that we can figure and collect the right amount of tax. You are required to give us this information.

Instructions for Preparing Form W-2c

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