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| Year being corrected 19 _____ | OMB No. 1545-0008 For Official Use Only ▶ | | | | | | | | | | | | | | |
| Number of Forms W-2c attached ▶ | | Establishment number | Telephone number () | | | | | | | | | | | | |
| 1 Employer's name, address, and ZIP code Corrected <input type="checkbox"/> | | 2 Employer's SSA no. (see instructions) 69- | | | | | | | | | | | | | |
| | | 3 Employer's Federal EIN | | | | | | | | | | | | | |
| | | 4 Employer's state I.D. number | | | | | | | | | | | | | |
| Kind of payer and corrected tax statements transmitted ▶ | 5 | 941/941E <input type="checkbox"/> | 942 <input type="checkbox"/> | 943 <input type="checkbox"/> | CT-1 <input type="checkbox"/> | Military <input type="checkbox"/> | Medicare gov't emp. <input type="checkbox"/> | Sec. 218 <input type="checkbox"/> | 6 | W-2 <input type="checkbox"/> | W-2P <input type="checkbox"/> | W-2AS <input type="checkbox"/> | W-2CM <input type="checkbox"/> | W-2GU <input type="checkbox"/> | W-2VI <input type="checkbox"/> |
| Complete 7 only if incorrect on the last form you filed. Show the incorrect item here. ▶ | 7 Employer's incorrect Federal EIN | 8a Incorrect establishment number | | 8b Employer's incorrect SSA number | | | | | | | | | | | |
| CHANGES | Item | (a) Total of amounts entered in column (a) on attached Forms W-2c | (b) Total of correct information reported on attached Forms W-2c | (c) Increase (decrease) | | | | | | | | | | | |
| | 9 Federal income tax withheld | | | | | | | | | | | | | | |
| | 10 Wages, tips, and other compensation | | | | | | | | | | | | | | |
| | 11 Social security tax withheld | | | | | | | | | | | | | | |
| | 12 Social security wages | | | | | | | | | | | | | | |
| | 13 Social security tips | | | | | | | | | | | | | | |
| | 14 Medicare wages and tips | | | | | | | | | | | | | | |
| | 15 Medicare tax withheld | | | | | | | | | | | | | | |
| | 16a | | | | | | | | | | | | | | |
| | 16b | | | | | | | | | | | | | | |
| | 16c | | | | | | | | | | | | | | |
| | 17 Allocated tips | | | | | | | | | | | | | | |
| | 18 State income tax withheld | | | | | | | | | | | | | | |
| | 19 State wages | | | | | | | | | | | | | | |
| 20 Local income tax withheld | | | | | | | | | | | | | | | |
| 21 Local wages | | | | | | | | | | | | | | | |
| 22 Explain decreases here | | | | | | | | | | | | | | | |
| Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If "Yes," give date the return was filed ▶ | | | | | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. | | | | | | | | | | | | | | | |
| Signature ▶ | | Title ▶ | | Date ▶ | | | | | | | | | | | |

Instructions

Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 22 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Washington, DC 20224, Attention: IRS Reports Clearance Officer, T:FP, and the **Office of Management and Budget**, Paperwork Reduction Project (1545-0008), Washington, DC 20503. DO NOT send the tax form to either of these offices. Instead, see **Where To File** on this page.

Purpose of Form.—Form W-3c is used to accompany Copy A of **Form W-2c**, Statement of Corrected Income and Tax Amounts, sent to the Social Security Administration (SSA). Form W-3c can be filed separately to correct a previously filed Form W-3. A separate Form W-3c must be used for each type of W-2 (e.g., W-2, W-2P, W-2AS, W-2CM, W-2GU, or W-2VI) being corrected. Form W-3c is required to be filed with a single Form W-2c as well as with multiple Forms W-2c. However, you do not have to file Form W-3c with Form(s) W-2c if you are only correcting the employees' names or social security numbers.

Pensions and annuities paid for tax years after 1990 must be reported and corrected on **Form 1099-R**, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Use **Form 1096**, Annual Summary and Transmittal of U.S. Information Returns, not Form W-3c, as the transmittal form.

Correcting More Than One Kind of Form.—If you are correcting more than one kind of form, please group forms of the same kind, and send them in separate groups.

Reporting on Magnetic Media.—Forms W-2c and W-3c are not required to be filed on magnetic media. If you wish to submit data on magnetic media, contact the magnetic media coordinator in the Social Security regional office that services your state.

Who Must File.—Employers and other payers must file Form W-3c to send Copy A of Forms W-2c to SSA.

The transmitter or sender (including a service bureau, paying agent, or disbursing agent) may sign Form W-3c for the employer or payer only if the sender:

- a. Is authorized to sign by an agency agreement (either oral, written, or implied) that is valid under state law; and
- b. Writes "For (name of payer)" next to the signature.

Even though an authorized sender signs for the payer, the payer still has the responsibility for making sure the Form W-3c and attachments are filed correctly and timely, and is subject to any penalties that result from not complying with these requirements.

Where To File.—Household employers must file Forms W-2c and W-3c with the Social Security Administration, Data Operations Center, Albuquerque, NM 87180.

If corrections are made to paper Forms W-2P, send Forms W-2c and W-3c to the Internal Revenue Service Center where you filed your employment tax forms (941). If you are making corrections to Forms W-2P using magnetic media, file with the Martinsburg Computing Center. See Form W-3 instructions for how to obtain magnetic media reporting specifications.

All other employers use the chart below.

| If your legal residence, principal place of business, office, or agency is located in | Use this address |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming | Social Security Administration Data Operations Center Salinas, CA 93911 |
| Alabama, Arkansas, Florida, Georgia, Illinois, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, South Carolina, Tennessee, Texas | Social Security Administration Data Operations Center Albuquerque, NM 87180 |
| Connecticut, Delaware, District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Virgin Islands | Social Security Administration Data Operations Center Wilkes-Barre, PA 18769 |
| If you have no legal residence or principal place of business in any state | Social Security Administration Data Operations Center Wilkes-Barre, PA 18769 |
| State and local governmental employers filing corrections for years before 1987 | Contact your State Social Security Administrator |

Shipping and Mailing.—If you have a large number of forms, you may send them in separate packages. Show your name and employer identification number on each package. Number them in order (1 of 4, 2 of 4, etc.), and place Form W-3c in package one. Show the number of packages at the bottom of Form W-3c below the title. You must send the Forms W-2c and W-3c by First-Class mail.

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| Year being corrected 19 _____ | | OMB No. 1545-0008 | | | | | | | | | | | | | | |
| Number of Forms W-2c attached ▶ | | Establishment number | | Telephone number () | | | | | | | | | | | | |
| YOUR COPY | | | 1 Employer's name, address, and ZIP code Corrected <input type="checkbox"/> | | | | | | | | | | | | | |
| | | | 2 Employer's SSA no. (see instructions) 69- | | | | | | | | | | | | | |
| | | | 3 Employer's Federal EIN | | | | | | | | | | | | | |
| | | | 4 Employer's state I.D. number | | | | | | | | | | | | | |
| Kind of payer and corrected tax statements transmitted ▶ | | 5 | 941/941E <input type="checkbox"/> | 942 <input type="checkbox"/> | 943 <input type="checkbox"/> | CT-1 <input type="checkbox"/> | Military <input type="checkbox"/> | Medicare gov't emp. <input type="checkbox"/> | Sec. 218 <input type="checkbox"/> | 6 | W-2 <input type="checkbox"/> | W-2P <input type="checkbox"/> | W-2AS <input type="checkbox"/> | W-2CM <input type="checkbox"/> | W-2GU <input type="checkbox"/> | W-2VI <input type="checkbox"/> |
| Complete 7 only if incorrect on the last form you filed. Show the incorrect item here. ▶ | | 7 Employer's incorrect Federal EIN | | 8a Incorrect establishment number | | 8b Employer's incorrect SSA number | | | | | | | | | | |
| CHANGES | Item | (a) Total of amounts entered in column (a) on attached Forms W-2c | | (b) Total of correct information reported on attached Forms W-2c | | (c) Increase (decrease) | | | | | | | | | | |
| | 9 Federal income tax withheld | | | | | | | | | | | | | | | |
| | 10 Wages, tips, and other compensation | | | | | | | | | | | | | | | |
| | 11 Social security tax withheld | | | | | | | | | | | | | | | |
| | 12 Social security wages | | | | | | | | | | | | | | | |
| | 13 Social security tips | | | | | | | | | | | | | | | |
| | 14 Medicare wages and tips | | | | | | | | | | | | | | | |
| | 15 Medicare tax withheld | | | | | | | | | | | | | | | |
| | 16a | | | | | | | | | | | | | | | |
| | 16b | | | | | | | | | | | | | | | |
| | 16c | | | | | | | | | | | | | | | |
| | 17 Allocated tips | | | | | | | | | | | | | | | |
| | 18 State income tax withheld | | | | | | | | | | | | | | | |
| | 19 State wages | | | | | | | | | | | | | | | |
| 20 Local income tax withheld | | | | | | | | | | | | | | | | |
| 21 Local wages | | | | | | | | | | | | | | | | |
| 22 Explain decreases here | | | | | | | | | | | | | | | | |
| Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | If "Yes," give date the return was filed ▶ | | | | | | | | | | | | |

How To Complete Form W-3c.—Form W-3c is a two-part form. Please type entries if possible. Send the whole first page with Forms W-2c. Please do not staple them to Form W-3c.

Form W-3c can be filed alone (without accompanying Forms W-2c) to correct an EIN or information on a previously filed Form W-3. If the EIN is the only change you need to make, complete only the year being corrected, establishment number (optional), telephone number (optional), and items 1, 3, and 7.

Year being corrected.—This is the calendar year of the original Forms W-2, W-2P, etc., being corrected.

Number of Forms W-2c attached.—Show the number of individual Forms W-2c filed with this Form W-3c or enter -0- if you are correcting a previously filed Form W-3.

Establishment number.—This item may be used by the employer to identify each of several establishments or subsidiaries. You do not have to complete this item.

Employer's telephone number.—This will be used only if there is a problem in processing your correction. You do not have to complete this item.

Item 1—Employer's name, address, and ZIP code.—This should be the same as shown on your Forms 941, 942, or 943. Include the suite, room, or other unit number after the street address. If the Post Office does not deliver mail to the street address and you use a P.O. box, show the P.O. box number instead of the street address. If you are correcting the name and/or address previously reported, mark the corrected checkbox.

The IRS will not use Form W-3c to update your address of record. If you wish to change your address, complete **Form 8822**, Change of Address. To obtain Form 8822, or any other IRS form, call 1-800-TAX-FORM (1-800-829-3676).

Item 2—Employer's SSA number.—If you checked the section 218 box in item 5 and are correcting a 1986 or earlier year, show the number assigned to you by SSA. This number always starts with 69. Also add the "L" indicator, coverage group and/or PRU numbers, if these have been assigned to you by SSA.

Item 3—Employer's Federal identification number.—Show the correct number assigned to you by the IRS (00-0000000). If the W-3c is being used to correct an identifying number, use line 7 to show how the number was incorrectly recorded on the original form.

Item 4—Employer's state I.D. number.—You are not required to complete this item. This number is assigned by individual states where your business is located. You may want to complete this item if you use copies of this form for your state returns.

Item 5—Kind of payer and corrected tax statements transmitted.—Put an "X" in the checkbox that applies to you.

941/941E.—Check this box if you file Form 941 or Form 941E and none of the other categories apply.

942.—Check this box if you are a household employer correcting Forms W-2 for household employees. If you also have to correct forms of employees who are not household employees, send each group's Forms W-2c with a separate Form W-3c.

943.—Check this box if you file Form 943 and are correcting forms for agricultural employees. If you also have to correct forms of employees who are not

agricultural employees, send each group's Forms W-2c with a separate Form W-3c. You would send the non-agricultural employees' Forms W-2c with a Form W-3c that generally has a checkmark in the 941/941E box.

CT-1.—Check this box if you are a railroad employer correcting Forms W-2 for employees covered under the Railroad Retirement Tax Act (RRTA). If you also have to correct forms of employees who are subject to social security and Medicare taxes, send each group's Forms W-2c with a separate Form W-3c. Send the social security and Medicare taxes employees' Forms W-2c with a separate Form W-3c that has a checkmark in the 941/941E box.

Military.—Check this box if you are a military employer correcting Forms W-2 for members of the uniformed services.

Medicare government employee.—Check this box if you are a federal agency (for 1983 and later) or a state or local government agency (for 1986 and later) with employees subject to only Medicare taxes. Correct wages of employees subject to full social security and Medicare coverage by submitting a separate Form W-2c and a separate Form W-3c, with a checkmark in box 5 for 941/941E.

Section 218.—Check this box if you are a state or local government employer correcting 1986 or earlier Forms W-2 for employees covered under section 218 of the Social Security Act. You must also enter your employer's SSA number in item 2.

Item 6.—Check one box only to show the type of Form W-2 you are correcting.

Item 7—Employer's incorrect employer identification number.—Your correct number should appear in item 3. **Make the entry here only if the number on the original form was incorrect.**

Item 8a—Incorrect Establishment number.—This item may be used when correcting an establishment number.

Items 9 through 21—Changes.—Enter the totals from each column and each completed item on the attached Forms W-2c. Enter the amounts from a previously filed Form W-3 only if you are filing Form W-3c to correct the original Form W-3. Complete only those items that are being corrected. Otherwise, leave blank.

On any line that shows a dollar change, and one of the amounts is zero, enter -0-. Do not leave blank.

Show negative amounts (decreases) in parentheses.

Items 16a, b, and c.—Enter the totals of each type of item reported in item 16 on the attached Forms W-2c. Items that should be reported are advance earned income credit payments, deferred compensation (including nonqualified plans and section 457 distributions), dependent care benefits, cost of group-term life insurance coverage over \$50,000, employee business expenses, and other fringe benefits you reported on your employee's original Form W-2. These lines can also be used to correct gross annuity, taxable annuity, and distribution codes on Forms W-2P for calendar years before 1991.

Items 18 through 21—State and local data.—If your ONLY changes to the original form are to the state and local data, DO NOT send Copy A of Form W-2c to SSA.

Item 22—Explanation.—Explain any decreases in wages or taxable amounts.