а	Year/Form corrected Void/ W-2	OMB No. 1545-0008 For Official Use Only ▶						
b	Employee's name, address, and Z	IIP code	c Employer's name, address, and ZI	P code				
d	Employee's correct SSN	e Employer's SSA number 69-	f Employer's Federal EIN	g Employer's state I.D. number				
h	Previously reported Stat. De- emp. ceased plan	n Legal Def'd. Hshld. i Corre rep. comp. emp.	Stat. De- Pension Legal rep. □ □ □ □ □	Def'd. Hshld. comp. emp. j Employer's use				
	Complete k and/or I only if incorrect on the last form you filed. Show incorrect item here.	k Employee's incorrect SSN	I Employee's name (as incorrectly	shown on previous form)				
	Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase (decrease)				
	1 Wages, tips, other comp.							
	2 Federal income tax withheld							
	3 Social security wages							
	4 Social security tax withheld							
S	5 Medicare wages and tips							
Ιŭ	6 Medicare tax withheld							
CHANGE	7 Social security tips							
⊈	8 Allocated tips							
迈								
	State wages, tips, etc.							
	State income tax							
	Local wages, tips, etc.							
	Local income tax							
	For Privacy Act/Paperwork Reduction Act Notice, see separate instructions. Form W-2c (Rev. 1-99) Corrected Wage and Tax Statement Copy A For Social Security Administration Department of the Treasury Internal Revenue Service							

Do NOT Cut, Staple, or Separate Forms on This Page - Do NOT Cut, Staple, or Separate Forms on This Page

а	Year/Form corrected Voice / W-2	M OMB No. 1545-0008				
b	b Employee's name, address, and ZIP code					
d	Employee's correct SSN	e Employer's SSA number f Employer's Federal EIN	g Employer's state I.D. number			
		69-				
h	Previously reported Stat. De-pension ceased plan		Legal Def'd. Hshld. rep. j Employer's use			
	Complete k and/or I only if	k Employee's incorrect SSN I Employee's name (as inco	rrectly shown on previous form)			
	incorrect on the last form you filed. Show incorrect item here.					
	Form W-2 box	(a) As previously reported (b) Correct information	n (c) Increase (decrease)			
	1 Wages, tips, other comp.					
	2 Federal income tax withhel	d				
	3 Social security wages					
	4 Social security tax withhele	d				
1.	5 Medicare wages and tips					
<u>S</u>	6 Medicare tax withheld					
CHANGES	7 Social security tips					
∣록	8 Allocated tips					
さ						
	State wages, tips, etc.					
	State income tax					
	Local wages, tips, etc.					
	Local income tax					
			For State, City, or Local Tax Department			
	Form W-2c (Rev. 1-99)	Corrected Wage and Tax Statement	Department of the Treasury Internal Revenue Service			

а	Year/Form corrected Void	OMB No. 1545-0008					
b	Employee's name, address, and	ZIP code Corrected Name c Employer's name, address, and ZIP code					
d	Employee's correct SSN	e Employer's SSA number f Employer's Federal EIN g Employer's state I.D. number 69-					
h	Previously Stat. De-Pensi emp. ceased plar						
	Complete k and/or I only if incorrect on the last form you filed. Show incorrect item here.	k Employee's incorrect SSN I Employee's name (as incorrectly shown on previous form)					
	Form W-2 box	(a) As previously reported (b) Correct information (c) Increase (decrease)					
	1 Wages, tips, other comp.						
	2 Federal income tax withhele						
	3 Social security wages						
	4 Social security tax withheld						
١,,	5 Medicare wages and tips						
<u>₩</u>	6 Medicare tax withheld						
CHANGES	7 Social security tips						
≰	8 Allocated tips						
ᄗ							
	State wages, tips, etc.						
	State income tax						
	Local wages, tips, etc.						
	Local income tax						
	Form W-2c (Rev. 1-99) Copy B To Be Filed With Employee's FEDERAL Tax Return Department of the Treasury Internal Revenue Service						

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a	Year/Form corrected / W-2	Void	OIVIB NO.	1545-0008	8									
		<u>. ப</u>												
b	Employee's name, address	s, and Z	IP code	□ (Correcte	d Name	C E	nployer	's name,	address	s, and Z	IP code		
d	Employee's correct SSN		e Emp	loyer's SS	SA numb	er	f Er	nployer	's Feder	al EIN		g Emp	oloyer's sta	ate I.D. number
			69-											
h	Previously Stat. De- reported emp. De- ceased	Pensio plan	n Legal rep.	Def'd. comp.	Hshld. emp.	i Corre	cted ►	Stat. emp.	De- ceased	Pension plan	Legal rep.	Def'd. comp.	Hshld. emp.	j Employer's use
	Complete k and/or I only if		k Emp	loyee's in	correct	SSN	I Er	nployee	e's name	(as inco	rrectly	shown o	n previous	form)
	incorrect on the last form you filed. Show incorrect item her	e.												
	Form W-2 box		(a) As previously reported			(b) Correct information			(c) Increase (decrease)					
	1 Wages, tips, other co	omp.												
	2 Federal income tax v	vithheld												
	3 Social security wage	S												
	4 Social security tax w	ithheld												
١	5 Medicare wages and	l tips												
ES	6 Medicare tax withhel	ld												
일	7 Social security tips													
CHANGE	8 Allocated tips													
ᅜ														
-														
	State wages, tips, et	C.												
	State income tax													
	Local wages, tips, et	tc												
	Local income tax													
			1									Сору С	For Fmpl	oyee's Records
	Form W-2c (Rev. 1-99)			Correc	cted V	Nage a	nd 1	ax S	tatem	ent		, .	Departm	ent of the Treasury
_	Form W-2c (Rev. 1-99) 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.

If boxes h or i have any checkboxes marked, box h will show the original information and box i will show the corrected information.

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	Year/Form corrected Voice / W-2	d OMB No. 1545-0008					
b	Employee's name, address, and	ZIP code Corrected Name c Employer's name, address, and ZI	P code				
d	Employee's correct SSN	e Employer's SSA number f Employer's Federal EIN	g Employer's state I.D. number				
	1 -3	69-	g Employer's state i.b. Hamber				
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	Complete k and/or I only if incorrect on the last form you filed. Show incorrect item here.	k Employee's incorrect SSN I Employee's name (as incorrectly s	shown on previous form)				
	Form W-2 box	(a) As previously reported (b) Correct information	(c) Increase (decrease)				
	1 Wages, tips, other comp.						
	2 Federal income tax withhel	ld					
	3 Social security wages						
	4 Social security tax withheld	d					
١,,	5 Medicare wages and tips						
12	6 Medicare tax withheld						
CHANGES	7 Social security tips						
₹ا	8 Allocated tips						
さ							
	State wages, tips, etc.						
	State income tax						
	Local wages, tips, etc.						
	Local income tax						
	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return Form W-2c (Rev. 1-99) Corrected Wage and Tax Statement Department of the Treasury Internal Revenue Service						

а	Year/Form corrected Voice	OMB No. 1545-0008				
	/ W-2		1			
b	b Employee's name, address, and ZIP code Corrected Name c Employer's name, address, and ZIP code					
d	Employee's correct SSN	e Employer's SSA number	f Employer's Federal EIN	g Employer's state I.D. number		
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h	Previously reported Stat. De-pens ceased pla		ected ► Stat. De- Pension Legal emp. ceased plan rep.	Def'd. Hshld. comp. j Employer's use		
	Complete k and/or I only if	k Employee's incorrect SSN	I Employee's name (as incorrectly	shown on previous form)		
	incorrect on the last form you filed. Show incorrect item here.	<u> </u>				
	Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase (decrease)		
	1 Wages, tips, other comp.					
	2 Federal income tax withhel	d				
	3 Social security wages					
	4 Social security tax withhele	i				
١,,	5 Medicare wages and tips					
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CHANGES	7 Social security tips					
₹ا	8 Allocated tips					
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	State wages, tips, etc.					
	State income tax					
	Local wages, tips, etc.					
	Local income tax					
	For Privacy Act/Paperwork Form W-2c (Rev. 1-99)	Reduction Act Notice, see seg Corrected Wage a	parate instructions. and Tax Statement	Copy D For Employer Department of the Treasury Internal Revenue Service		

Employer's, Please Note—

Specific information needed to complete Form W-2c is given in the separate **Instructions for Forms W-2c and W-3c** (January 1999). 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's Internet Web Site at www.irs.ustreas.gov.