

Please do not staple.

|   |  |  |   |   |   |
|---|--|--|---|---|---|
| <b>a</b> Year/Form corrected<br>..... / <b>W-</b>   | OMB No. 1545-0008                        | <b>For Official Use Only ▶</b>   |   |   |   |
| <b>b</b> Employer's name, address, and ZIP code   |  | <b>c</b> Number of Forms W-2c<br>▶   |   |   |   |
|   |  | <b>d</b> Establishment number  |   |   |   |
|   |  | <b>e</b> Employer's Federal EIN  |   |   |   |
| <b>f</b> Kind of payer  |  | 941/941-SS <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> 943 <input type="checkbox"/> CT-1 <input type="checkbox"/> Military <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/> Sec. 218 <input type="checkbox"/> | <b>g</b> Employer's state I.D. number                           | <b>h</b> Employer's SSA no. (see instructions) 69-              |   |
| Complete box i, j, and/or k only if incorrect on the last form you filed. Show the incorrect item here.   |  | <b>i</b> Employer's incorrect Federal EIN  | <b>j</b> Incorrect establishment number                         | <b>k</b> Employer's incorrect SSA number                        |   |
|   |  | <b>Form W-2c box</b>   | <b>Total amounts shown in column (a) on enclosed Forms W-2c</b> | <b>Total amounts shown in column (b) on enclosed Forms W-2c</b> | <b>Total increase (decrease) shown in column (c) on enclosed Forms W-2c</b> |
| <b>CHANGES</b>  | <b>1</b> Wages, tips, other compensation |  |   |   |   |
|   | <b>2</b> Federal income tax withheld     |  |   |   |   |
|   | <b>3</b> Social security wages           |  |   |   |   |
|   | <b>4</b> Social security tax withheld    |  |   |   |   |
|   | <b>5</b> Medicare wages and tips         |  |   |   |   |
|   | <b>6</b> Medicare tax withheld           |  |   |   |   |
|   | <b>7</b> Social security tips            |  |   |   |   |
|   | <b>8</b> Allocated tips                  |  |   |   |   |
|   |  |  |   |   |   |
|   |  |  |   |   |   |
|   | State wages, tips, etc.                  |  |   |   |   |
|   | State income tax                         |  |   |   |   |
|   | Local wages, tips, etc.                  |  |   |   |   |
| Local income tax  |  |  |   |   |   |
| 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<br>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 ▶  |   |
| Contact person  | Telephone number<br>(    )               | Fax number<br>(    )   | E-mail address  |   |   |

## Changes To Note

**"YOUR COPY" eliminated.** Form W-3c no longer contains a second "YOUR COPY" of the form. Be sure to make a copy of the completed form for your records.

**Separate instructions.** The Form W-3c instructions were relocated to the separate **Instructions for Forms W-2c and W-3c** (January 1999). See those instructions for information on completing this form.

## Where To File

If you use the U.S. Postal Service, send Forms W-2c and W-3c to the following address.

Social Security Administration  
Data Operations Center  
P.O. Box 3333  
Wilkes-Barre, PA 18767-3333

If you use a carrier other than the U.S. Postal Service, send Forms W-2c and W-3c to the following address.

Social Security Administration  
Data Operations Center  
Attn: W-2c Process  
1150 E. Mountain Drive  
Wilkes-Barre, PA 18702-7997

