

Cat. No. 61437D

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| a Year/Form corrected / W-2 | Void <input type="checkbox"/> | OMB No. 1545-0008 | For Official Use Only ▶ | |
| b Employee's name, address, and ZIP code <input type="checkbox"/> Corrected Name | | c Employer's name, address, and ZIP 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. emp. <input type="checkbox"/> De-ceased <input type="checkbox"/> Pension plan <input type="checkbox"/> | Legal rep. <input type="checkbox"/> | Def'd. comp. <input type="checkbox"/> | Hshld. emp. <input type="checkbox"/> | i Corrected ▶ Stat. emp. <input type="checkbox"/> De-ceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Def'd. comp. <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> |
| Complete k and/or l only if incorrect on the last form you filed. Show incorrect item here. ▶ | | k Employee's incorrect SSN | | l Employee's name (as incorrectly shown on previous form) |
| CHANGES | 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 | | | |
| | 5 Medicare wages and tips | | | |
| | 6 Medicare tax withheld | | | |
| | 7 Social security tips | | | |
| | 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 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

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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.

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| Form W-2c (Rev. 1-99) | | | | | | | | | | | | | | | | |

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.