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|--|---|---|---------------------------------|
| 4 4 4 4 4  | <b>For Official Use Only ▶</b><br>OMB No. 1545-0008 | <b>Safe, accurate,<br/>FAST! Use</b> Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .                                      |                                 |
| <b>a</b> Employer's name, address, and ZIP code  |   | <b>c</b> Tax year/Form corrected<br><br><div style="text-align: center;">/ <b>W-2</b></div>   | <b>d</b> Employee's correct SSN |
|  |   | <b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/> |                                 |
|  |   | Complete boxes f and/or g only if incorrect on form <b>previously filed ▶</b>   |                                 |
|  |   | <b>f</b> Employee's <b>previously reported</b> SSN  |                                 |
| <b>b</b> Employer's Federal EIN  |   | <b>g</b> Employee's <b>previously reported</b> name   |                                 |
| <div style="background-color: #cccccc; height: 40px; margin-bottom: 5px;"></div> <b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6). |   | <b>h</b> Employee's name, address, and ZIP code <span style="float: right;">Suff.</span>  |                                 |
| <b>Previously reported</b>   |   | <b>Correct information</b>  |                                 |
| <b>1</b> Wages, tips, other compensation   |   | <b>1</b> Wages, tips, other compensation  |                                 |
| <b>3</b> Social security wages   |   | <b>3</b> Social security wages  |                                 |
| <b>5</b> Medicare wages and tips   |   | <b>5</b> Medicare wages and tips  |                                 |
| <b>7</b> Social security tips  |   | <b>7</b> Social security tips   |                                 |
| <b>9</b>   |   | <b>9</b>  |                                 |
| <b>11</b> Nonqualified plans   |   | <b>11</b> Nonqualified plans  |                                 |
| <b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>   |   | <b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>      |                                 |
| <b>14</b> Other (see instructions)   |   | <b>14</b> Other (see instructions)  |                                 |
|  |   | <b>12a</b> See instructions for box 12  |                                 |
|  |   | <b>12b</b>  |                                 |
|  |   | <b>12c</b>  |                                 |
|  |   | <b>12d</b>  |                                 |
| <b>State Correction Information</b>  |   |   |                                 |
| <b>Previously reported</b>   |   | <b>Correct information</b>  |                                 |
| <b>15</b> State  |   | <b>15</b> State   |                                 |
| Employer's state ID number   |   | Employer's state ID number  |                                 |
| <b>16</b> State wages, tips, etc.  |   | <b>16</b> State wages, tips, etc.   |                                 |
| <b>17</b> State income tax   |   | <b>17</b> State income tax  |                                 |
| <b>Locality Correction Information</b>   |   |   |                                 |
| <b>Previously reported</b>   |   | <b>Correct information</b>  |                                 |
| <b>18</b> Local wages, tips, etc.  |   | <b>18</b> Local wages, tips, etc.   |                                 |
| <b>19</b> Local income tax   |   | <b>19</b> Local income tax  |                                 |
| <b>20</b> Locality name  |   | <b>20</b> Locality name   |                                 |

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return or

Copy C — For EMPLOYEE'S RECORDS