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For Official Use Only OMB No. 1545-0008		c Tay year/Form one and	d Employee's served COV						
imployer's name, address, and ZIP co-	ue .	c Tax year/Form corrected	d Employee's correct SSN						
		/ W-2 e Corrected SSN and/or name. (Cl	heck this box and complete boxes f and/or						
		g if incorrect on form previously Complete boxes f and/or g only if i	filed.) incorrect on form previously filed:						
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Only complete	at an balan assault 4 5 5 5								
ctions involving MQGE, see the	at are being corrected. (Exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		€ vfi	Visit the IRS website at www.irs.gov/efile.				
Previously reported	Correct information	Previously reported	Correct information	1	d Employee's correct SSN				
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tutory Retirement Third-party sloyee plan sick pay	13 Statutory Rationment Third-purty sick pay	12b	12b						
her (see instructions)	14 Other (see instructions)	120	12c	ZIP code	Correct information	ted d Employee's correct S	SSN		
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