44444	For Official Use Only OMB No. 1545-0029	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at *www.irs.gov/efile*.

a Employer's name, address, and ZIP code	**c** Tax year/Form corrected / **W-2**	**d** Employee's correct SSN
	e Corrected SSN and/or name. (Check this box and complete boxes f and/or g if incorrect on form previously filed.) ☐	
	Complete boxes f and/or g only if incorrect on form **previously filed**:	
	f Employee's **previously reported** SSN	
b Employer identification number (EIN)	**g** Employee's **previously reported** name	
	h Employee's first name and initial / Last name / Suff.	
Note: 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.)	**i** Employee's address and ZIP code	

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld	**2** Federal income tax withheld
3 Social security wages	**3** Social security wages	**4** Social security tax withheld	**4** Social security tax withheld
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld	**6** Medicare tax withheld
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Copy B—To Be Filed With Employee's FEDERAL Tax Return

Form **W-2c** (Rev. 6-2024) **Corrected Wage and Tax Statement**

Department of the Treasury
Internal Revenue Service
Form 5314