

DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444

For Official Use Only ▶
OMB No. 1545-0008

a Employer's name, address, and ZIP code	c Tax year/Form corrected	d Employee's correct SSN
	/W-2	
	e 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 previously filed ▶	
f Employee's previously reported SSN		

b Employer's Federal 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
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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	2 Federal income tax withheld	2 Federal income tax withheld	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	4 Social security tax withheld	4 Social security tax withheld	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	6 Medicare tax withheld	6 Medicare tax withheld	6 Medicare tax withheld	6 Medicare tax withheld
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips	8 Allocated tips	8 Allocated tips	8 Allocated tips	8 Allocated tips
9	9	10 Dependent care benefits	10 Dependent care benefits	10 Dependent care benefits	10 Dependent care benefits	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	12a See instructions for box 12	12a See instructions for box 12	12a See instructions for box 12	12a See instructions for box 12
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	12b	12b	12b	12b	12b
14 Other (see instructions)	14 Other (see instructions)	12c	12c	12c	12c	12c	12c
		12d	12d	12d	12d	12d	12d

State Correction Information

Previously reported		Correct information		Previously reported		Correct information	
15 State	15 State	15 State	15 State	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	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.	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	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.	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	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	20 Locality name	20 Locality name	20 Locality name	20 Locality name

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

Form **W-2c** (Rev. 8-2014)
36-1004130

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

LW2CA-C

L362
L363
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