

**DO NOT CUT, FOLD, OR STAPLE THIS FORM**

44444

**For Official Use Only** ▶  
OMB No. 1545-0008

<b>a</b> Employer's name, address, and ZIP code	<b>c</b> Tax year/Form corrected	<b>d</b> Employee's correct SSN
	<b>/W-2</b>	
	<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		
	<b>h</b> 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).

<b>i</b> Employee's address and ZIP code
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Previously reported		Correct information		Previously reported		Correct information	
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12
<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>12b</b>	<b>12b</b>	<b>12b</b>	<b>12b</b>	<b>12b</b>	<b>12b</b>
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)	<b>12c</b>	<b>12c</b>	<b>12c</b>	<b>12c</b>	<b>12c</b>	<b>12c</b>
		<b>12d</b>	<b>12d</b>	<b>12d</b>	<b>12d</b>	<b>12d</b>	<b>12d</b>

**State Correction Information**

Previously reported		Correct information		Previously reported		Correct information	
<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> 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
<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<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>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax

**Locality Correction Information**

Previously reported		Correct information		Previously reported		Correct information	
<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<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>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> 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

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L363  
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