а	Year/Form corrected Void/ W-2	OMB No. 1545-0008 For Official Use Only ▶							
b	Employee's name, address, and Z	IIP code	c Employer's name, address, and ZI	P code					
d	Employee's correct SSN	e Employer's SSA number <b>69-</b>	f Employer's Federal EIN	g Employer's state I.D. number					
h	Previously reported Stat. De- emp. ceased plan	n Legal Def'd. Hshld. i Corre rep. comp. emp.	Stat. De- Pension Legal rep. □ □ □ □ □	Def'd. Hshld. comp. emp. j Employer's use					
	Complete k and/or I only if incorrect on the last form you filed. Show incorrect item here.	k Employee's incorrect SSN	I Employee's name (as incorrectly	shown on previous form)					
	Form W-2 box	(a) As previously reported	(b) Correct information	(c) Increase (decrease)					
	1 Wages, tips, other comp.								
	2 Federal income tax withheld								
	3 Social security wages								
	4 Social security tax withheld								
S	5 Medicare wages and tips								
Ιŭ	6 Medicare tax withheld								
CHANGE	7 Social security tips								
⊈	8 Allocated tips								
迈									
	State wages, tips, etc.								
	State income tax								
	Local wages, tips, etc.								
	Local income tax								
	For Privacy Act/Paperwork Reduction Act Notice, see separate instructions.  Copy A For Social Security Administration  Form W-2c (Rev. 1-99)  Corrected Wage and Tax Statement  Form W-2c (Rev. 1-99)								

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а	Year/Form corrected Voice / W-2	M OMB No. 1545-0008				
b	b Employee's name, address, and ZIP code Corrected Name c Employer's name, address, and ZIP code					
d	Employee's correct SSN	e Employer's SSA number f Employer's Federal EIN	g Employer's state I.D. number			
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h	Previously reported Stat. De-pension ceased plan		Legal Def'd. Hshld. rep. j Employer's use			
	Complete k and/or I only if	k Employee's incorrect SSN I Employee's name (as inco	rrectly shown on previous form)			
	incorrect on the last form you filed. Show incorrect item here.					
	Form W-2 box	(a) As previously reported (b) Correct information	n (c) Increase (decrease)			
	1 Wages, tips, other comp.					
	2 Federal income tax withhel	d				
	3 Social security wages					
	4 Social security tax withhele	d				
1.	5 Medicare wages and tips					
<u>S</u>	6 Medicare tax withheld					
CHANGES	7 Social security tips					
∣록	8 Allocated tips					
さ						
	State wages, tips, etc.					
	State income tax					
	Local wages, tips, etc.					
	Local income tax					
			For State, City, or Local Tax Department			
	Form <b>W-2c</b> (Rev. 1-99)	Corrected Wage and Tax Statement	Department of the Treasury Internal Revenue Service			

а	Year/Form corrected Void	OMB No. 1545-0008						
b	Employee's name, address, and	ZIP code Corrected Name c Employer's name, address, and ZIP code						
d	Employee's correct SSN	e Employer's SSA number f Employer's Federal EIN g Employer's state I.D. number 69-						
h	Previously Stat. De- Pensi emp. ceased plar							
	Complete k and/or I only if incorrect on the last form you filed. Show incorrect item here.	k Employee's incorrect SSN I Employee's name (as incorrectly shown on previous form)						
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ΙĶ	6 Medicare tax withheld							
CHANGES	7 Social security tips							
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	State wages, tips, etc.							
	State income tax							
	Local wages, tips, etc.							
	Local income tax							
	Form W-2c (Rev. 1-99)  Copy B To Be Filed With Employee's FEDERAL Tax Return Department of the Treasury Internal Revenue Service							

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b	Emp	loyee's	name, a	address,	and Z	IP code	Ш	Correcte	ed Name	c E	mployer	's name,	, address	s, and Z	IP code		
d	Emp	loyee's	correct	SSN		e Em	ployer's S	SSA numb	oer	f E	mployer	's Feder	al EIN		g Emp	oloyer's st	ate I.D. number
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## **Notice to Employee**

This is a corrected **Form W-2**, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, or W-2VI) for the tax year shown in box a. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file **Form 1040X**, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If you have not filed your return for the year shown in box a, attach Copy B of the original

Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

If boxes h or i have any checkboxes marked, box h will show the original information and box i will show the corrected information.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

а	Year/Form corrected Void	OMB No. 1545-0008
b	Employee's name, address, and	ZIP code Corrected Name c Employer's name, address, and ZIP code
4	Employee's correct SSN	e Employer's SSA number f Employer's Federal EIN g Employer's state I.D. number
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h	Previously reported Stat. De- Pensi ceased plar	
	Complete k and/or I only if incorrect on the last form you filed. Show incorrect item here.	k Employee's incorrect SSN I Employee's name (as incorrectly shown on previous form)
	Form W-2 box	(a) As previously reported (b) Correct information (c) Increase (decrease)
	1 Wages, tips, other comp.	
	2 Federal income tax withhele	
	3 Social security wages	
	4 Social security tax withheld	
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CHANGES	7 Social security tips	
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	State wages, tips, etc.	
	State income tax	
	Local wages, tips, etc.	
	Local income tax	
	Form <b>W-2C</b> (Rev. 1-99)	Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return Corrected Wage and Tax Statement Department of the Treasury Internal Revenue Service

а	Year/Form corrected Voice	OMB No. 1545-0008						
	/ W-2		1					
b	Employee's name, address, and ZIP code Corrected Name c Employer's name, address, and ZIP code							
d	Employee's correct SSN	e Employer's SSA number	f Employer's Federal EIN	g Employer's state I.D. number				
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	Local wages, tips, etc.							
	Local income tax							
	For Privacy Act/Paperwork Reduction Act Notice, see separate instructions.  Copy D For Employer Department of the Treasury Internal Revenue Service							

## Employer's, Please Note—

Specific information needed to complete Form W-2c is given in the separate **Instructions for Forms W-2c and W-3c** (January 1999). You can order those instructions and additional forms by

calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS's Internet Web Site at www.irs.ustreas.gov.