

Please do not staple.

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|---|-----------------------------------|---|---|---|
| a Year/Form corrected / W- | OMB No. 1545-0008 | For Official Use Only ▶ | | |
| b Employer's name, address, and ZIP code | | c Number of Forms W-2c ▶ | | |
| | | d Establishment number | | |
| | | e Employer's Federal EIN | | |
| f Kind of payer | | 941/941-SS <input type="checkbox"/> | Hshld. emp. <input type="checkbox"/> | |
| 943 <input type="checkbox"/> | | CT-1 <input type="checkbox"/> | Military <input type="checkbox"/> | |
| Medicare govt. emp. <input type="checkbox"/> | | Sec. 218 <input type="checkbox"/> | g Employer's state I.D. number | |
| Complete box i, j, and/or k only if incorrect on the last form you filed. Show the incorrect item here. | | i Employer's incorrect Federal EIN | j Incorrect establishment number | |
| k Employer's incorrect SSA number | | h Employer's SSA no. (see instructions) 69- | | |
| CHANGES | Form W-2c box | Total amounts shown in column (a) on enclosed Forms W-2c | Total amounts shown in column (b) on enclosed Forms W-2c | Total increase (decrease) shown in column (c) on enclosed Forms W-2c |
| | 1 Wages, tips, other compensation | | | |
| | 2 Federal income tax withheld | | | |
| | 3 Social security wages | | | |
| | 4 Social security tax withheld | | | |
| | 5 Medicare wages and tips | | | |
| | 6 Medicare tax withheld | | | |
| | 7 Social security tips | | | |
| | 8 Allocated tips | | | |
| | | | | |
| | | | | |
| | State wages, tips, etc. | | | |
| | State income tax | | | |
| | Local wages, tips, etc. | | | |
| Local income tax | | | | |
| Explain decreases here | | | | |
| Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If "Yes," give date the return was filed ▶ | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | |
| Signature ▶ | | Title ▶ | | Date ▶ |
| Contact person | Telephone number () | Fax number () | E-mail address | |

Changes To Note

"YOUR COPY" eliminated. Form W-3c no longer contains a second "YOUR COPY" of the form. Be sure to make a copy of the completed form for your records.

Separate instructions. The Form W-3c instructions were relocated to the separate **Instructions for Forms W-2c and W-3c** (January 1999). See those instructions for information on completing this form.

Where To File

If you use the U.S. Postal Service, send Forms W-2c and W-3c to the following address.

Social Security Administration
Data Operations Center
P.O. Box 3333
Wilkes-Barre, PA 18767-3333

If you use a carrier other than the U.S. Postal Service, send Forms W-2c and W-3c to the following address.

Social Security Administration
Data Operations Center
Attn: W-2c Process
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7997

