

a Tax year/Form corrected / W-.....		55555	For Official Use Only ▶ OMB No. 1545-0008																	
b Employer's name, address, and ZIP code			c Kind of Payer ▶																	
			<table border="0"> <tr> <td>941/941-SS</td> <td>Military</td> <td>943</td> <td>Sec. 218</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CT-1</td> <td>Hshld. emp.</td> <td>Medicare govt. emp.</td> <td>Third-party sick pay</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		941/941-SS	Military	943	Sec. 218	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT-1	Hshld. emp.	Medicare govt. emp.	Third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d Number of Forms W-2c	e Employer's Federal EIN	f Establishment number	g Employer's state ID number																	
Complete boxes h, i, or j only if incorrect on last form filed.	h Employer's incorrect Federal EIN	i Incorrect establishment number	j Employer's incorrect state ID number																	
Total of amounts previously reported as shown on enclosed Forms W-2c.	Total of corrected amounts as shown on enclosed Forms W-2c.	Total of amounts previously reported as shown on enclosed Forms W-2c.	Total of corrected amounts as shown on enclosed Forms W-2c.																	
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 Advance EIC payments	9 Advance EIC payments	10 Dependent care benefits	10 Dependent care benefits																	
11 Nonqualified plans	11 Nonqualified plans	12a-d (Coded items)	12a-d (Coded items)																	
16 State wages, tips, etc.	16 State wages, tips, etc.	17 State income tax	17 State income tax																	
18 Local wages, tips, etc.	18 Local wages, tips, etc.	19 Local income tax	19 Local income tax																	
Explain decreases here:																				
Has an adjustment been made on a 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 ()		For Official Use Only																	
E-mail address	Fax number ()																			

Changes To Note

Scannable Forms W-2c and W-3c. Forms W-2c and W-3c have been reformatted to allow scanning of paper forms by machine (optical character recognition equipment). Copy A of Form W-2c and Form W-3c must be printed on 8.5-inch by 11-inch paper using their revised formats and nonreflective black ink.

Prior year corrections. The box numbers (1-19) shown above relate to box labels on the 2001 Form W-2. If you are correcting a Form W-2 for a year prior to 2001, report the old box number shown on the incorrect Form W-2 on Form W-2c, but show the new box number on Form W-3c. For example, if you are correcting an entry in box 13 for a 2000 Form W-2, label one of the empty boxes on Form W-2c as "13—Codes" and enter the original and corrected amounts and their codes. However, on Form W-3c, enter those totals in box "12a-d (Coded items)."

Form **W-3c** (Rev. 12-2001)

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

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**

Transmittal of Corrected Wage and Tax Statements

DO NOT CUT, FOLD, OR STAPLE

Department of the Treasury
Internal Revenue Service

Cat. No. 10164R

