## **Attention:**

This form is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing. The printed version of this form is designed as a "machine readable" form. As such, it must be printed using special paper, special inks, and within precise specifications.

Additional information about the printing of these specialized tax forms can be found in IRS Publications 1141, 1167, 1179, and other IRS resources.

The printed version of the form may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form or publication number.

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

		1101 001,1020,0	TOTAL EL TITOTORIN		
a Tax year/Form corrected	44444				
b Employee's correct SSN		c Corrected name (if checked enter correct name in box e and complete box i)	d Employer's Federal EIN		
e Employee's first name and initia	Last name	-	g Employer's name, address, and ZI	P code	
		-			
Complete boxes h and/or i o	f Employee's address and ZIP code  Complete boxes h and/or i only if incorrect on last form filed. ▶  h Employee's incorrect SSN  i Employee's name (as incorrectly shown on if Employee's name)		shown on previous form)		
	Note: Only con	nplete money fields that	at are being corrected (except M	IQGE).	
Previously reported	Cor	rect 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	
3 Social security wages	3 Social :	security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wages and tips	5 Medica	re wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social security tips	7 Social s	security tips	8 Allocated tips	8 Allocated tips	
9 Advance EIC payment	9 Advanc	e EIC payment	10 Dependent care benefits	10 Dependent care benefits	
11 Nonqualified plans	11 Nonqua	alified plans	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory employee	Retirement Third-party plan sick pay	12b	12b	
14 Other (see instructions)	14 Other (	see instructions)	12c	12c	
			12d	12d	
State Correction Information					
Previously reported	Cor	rect information	Previously reported	Correct information	
15 State	15 State		15 State	15 State	
Employer's state ID number	Employe	r's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc.	16 State w	rages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income tax	17 State in	come tax	17 State income tax	17 State income tax	
	·	Locality Correct	tion Information	·	
18 Local wages, tips, etc.	18 Local v	vages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	
19 Local income tax	19 Local in	ncome tax	19 Local income tax	19 Local income tax	
20 Locality name	20 Locality	name	20 Locality name	20 Locality name	

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

-	ar/Form corrected	44444	OMB No. 1545-0008			
b Employee's correct SSN		c Corrected name (if checked enter correct name in box e and complete box i)	d Employer's Federal EIN			
e Employee's first name and initial Last name			g Employer's name, address, and ZIP co	ode		
f Employee's address and ZIP code  Complete boxes h and/or i only if incorrect on last form filed. ▶  h Employee's i		ee's <b>incorrect</b> SSN	i Employee's name (as incorrectly sho	wn on previous form)		
Note: Only complete money fields that			nplete money fields that	t are being corrected (except MQGE).		
Pre	eviously reported	Coi	rect information	Previously reported	Correct information	
1 Wages, t	tips, other compensation	1 Wages,	tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social s	security wages	3 Social	security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicar	re wages and tips	5 Medica	re wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social s	security tips	7 Social	security tips	8 Allocated tips	8 Allocated tips	
9 Advance	e EIC payment	9 Advano	ce EIC payment	10 Dependent care benefits	10 Dependent care benefits	
11 Nonqua	lified plans	11 Nonqu	alified plans	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory employee	Retirement Third-party plan sick pay	13 Statutory employee	Retirement Third-party plan sick pay	12b	12b	
14 Other (s	see instructions)	14 Other (	see instructions)	12c	12c	
				12d C G d e	12d	
			State Correction	n Information		
Pre	viously reported	Cor	rect information	Previously reported	Correct information	
15 State		15 State		15 State	15 State	
Employe	er's state ID number	Employe	r's state ID number	Employer's state ID number	Employer's state ID number	
16 State w	ages, tips, etc.	16 State v	vages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State in	come tax	17 State in	ncome tax	17 State income tax	17 State income tax	
Locality Correctio			<b>Locality Correct</b>	ion Information		
18 Local w	ages, tips, etc.	18 Local v	vages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	
19 Local in	icome tax	19 Local in	ncome tax	19 Local income tax	19 Local income tax	
20 Locality	name	20 Locality	y name	20 Locality name	20 Locality name	

a Tax year/Form corrected/ W-2		OMB No. 1545-0008	Safe, accurate, FAST! Use	rse v file	Visit the IRS Web Site at www.irs.gov.	
b Employee's correct SSN		c Corrected name (if checked enter correct name in box e and complete box i)	d Employer's Federal EIN			
e Employee's first name and initia	I Last nan	ne	g Employer's name, addres	s, and ZIP code		
f Employee's address and ZIP code						
Complete boxes h and/or i o if incorrect on last form filed	nly h Emplo	yee's <b>incorrect</b> SSN	i Employee's name (as incorrectly shown on previous form)			
	Note: Only co	omplete money fields that	at are being corrected (ex	t are being corrected (except MQGE).		
Previously reported	Co	orrect information	Previously repor	ted Corre	ct information	
1 Wages, tips, other compensation	1 Wage	s, tips, other compensation	2 Federal income tax withh	neld 2 Federal in	come tax withheld	
3 Social security wages	3 Socia	I security wages	4 Social security tax withho	eld 4 Social se	curity tax withheld	
5 Medicare wages and tips	5 Medi	care wages and tips	6 Medicare tax withheld	6 Medicare	tax withheld	
7 Social security tips	7 Socia	I security tips	8 Allocated tips	8 Allocated	tips	
9 Advance EIC payment	9 Adva	nce EIC payment	10 Dependent care benefits	10 Depender	nt care benefits	
11 Nonqualified plans	11 Nonq	ualified plans	12a See instructions for box	12 12a See instru	uctions for box 12	
13 Statutory Retirement Third-part employee plan sick pay	y 13 Statutory employe		12b	12b		
14 Other (see instructions)	14 Other	(see instructions)	12c	12c		
			12d	<b>12d</b>   c   d		
		State Correcti	on Information			
Previously reported	Co	errect information	Previously repor	ted Correc	t information	
15 State	15 State		15 State	15 State		
Employer's state ID number	Employ	yer's state ID number	Employer's state ID number	er Employer's	Employer's state ID number	
16 State wages, tips, etc.	16 State	wages, tips, etc.	16 State wages, tips, etc.	16 State wag	16 State wages, tips, etc.	
17 State income tax	17 State	income tax	17 State income tax	17 State inco	17 State income tax	
Locality Correction Information						
18 Local wages, tips, etc.	18 Local	wages, tips, etc.	18 Local wages, tips, etc.	18 Local way	ges, tips, etc.	
19 Local income tax	19 Local	income tax	19 Local income tax	19 Local inco	19 Local income tax	
20 Locality name	20 Local	ity name	20 Locality name	20 Locality n	ame	
Form <b>W-2c</b> (Rev. 12-2002)	1	Corrected Wage a	Copy B—To Be and Tax Statement		FEDERAL Tax Return epartment of the Treasury ternal Revenue Service	

a Tax year/Form corrected		OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS Web Site at www.irs.gov.		
b Employee's correct SSN		c Corrected name (if checked enter correct name in box e and complete box i)	d Employer's Federal EIN			
e Employee's first name and initial Last name		ne	g Employer's name, address, and ZIP code			
f Employee's address and ZI	P code		-			
		oyee's <b>incorrect</b> SSN	i Employee's name (as incorrectly	shown on previous form)		
	Note: Only co	omplete money fields that	at are being corrected (except N	are being corrected (except MQGE).		
Previously reporte		orrect information	Previously reported	Correct information		
1 Wages, tips, other compensation	on <b>1</b> Wage	s, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social security wages	3 Socia	al security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wages and tips	5 Medi	care wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social security tips	7 Socia	al security tips	8 Allocated tips	8 Allocated tips		
9 Advance EIC payment	9 Adva	nce EIC payment	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified plans	11 Nonc	jualified plans	12a See instructions for box 12	12a See instructions for box 12		
	d-party 13 Statutor employe		12b	12b		
14 Other (see instructions)	14 Othe	r (see instructions)	12c	12c C C C C C C C C C C C C C C C C C C C		
			12d	12d		
<u> </u>			on Information	Compatinformation		
Previously report		orrect information	Previously reported  15 State	Correct information		
15 State	15 State		15 State	15 State		
Employer's state ID number	Emplo	yer'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.		
17 State income tax	17 State	income tax	17 State income tax	17 State income tax		
Locality Correction Information						
18 Local wages, tips, etc.	18 Loca	I wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income tax	19 Loca	I income tax	19 Local income tax	19 Local income tax		
20 Locality name	20 Loca	lity name	20 Locality name	20 Locality name		

## **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.

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.

a Tax year/Form corrected/ W-2	OMB No. 1545-0008			
<b>b</b> Employee's correct SSN	c Corrected name (if checked enter correct name in box e and complete box i)	d Employer's Federal EIN		
e Employee's first name and initial	Last name	g Employer's name, address, and ZIP c	ode	
f Employee's address and ZIP code		-		
Complete boxes h and/or i only if incorrect on last form filed.	h Employee's incorrect SSN	i Employee's name (as incorrectly sho	wn on previous form)	
Note	: Only complete money fields tha	t are being corrected (except MQC	GE).	
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	
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 payment	9 Advance EIC payment	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	
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party sick pay	12b	12b	
14 Other (see instructions)	14 Other (see instructions)	12c	12c	
		12d	12d	
	State Correction		0	
Previously reported	Correct information	Previously reported	Correct information	
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	
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	
Locality Correction Information				
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	
20 Locality name	20 Locality name	20 Locality name	20 Locality name	

a Tax year/Form corrected/ W-2	OMB No. 1545-0008			
<b>b</b> Employee's correct SSN	c Corrected name (if checked enter correct name in box e and complete box i)	d Employer's Federal EIN		
e Employee's first name and initial	Last name	g Employer's name, address, and ZIP c	ode	
		-		
f Employee's address and ZIP code  Complete boxes h and/or i only if incorrect on last form filed. ▶	h Employee's incorrect SSN	i Employee's name (as incorrectly sho	wn on previous form)	
Note	: Only complete money fields that	at are being corrected (except MQC	GE).	
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	
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 payment	9 Advance EIC payment	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	
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see instructions)	14 Other (see instructions)	12c	12c	
		12d	12d	
	State Correction			
Previously reported	Correct information	Previously reported	Correct information	
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	
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	
Locality Correction Information				
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	
20 Locality name	20 Locality name	20 Locality name	20 Locality name	

## **Employers, Please Note:**

Specific information needed to complete Form W-2c is given in the separate **Instructions for Forms W-2c and W-3c** (December 2002). 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 Web Site at www.irs.gov.