

Please do not staple.

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		g Employer's state I.D. number			
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"/>		h Employer's SSA no. (see instructions) 69-			
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	
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

