

## **Attention:**

This form is provided for informational purposes only. Copy A appears in red, similar to the official printed IRS form. But do not file Copy A downloaded from this website with the SSA. A penalty of \$50 per information return may be imposed for filing such forms that cannot be scanned.

To order official IRS forms, call 1-800-TAX-FORMS (1-800-829-3676) or order online at [Forms and Publications By U.S. Mail](#).

You may file Forms W-2 and W-3 electronically on the SSA's website at [Employer Reporting Instructions & Information](#). You can create fill-in versions of Forms W-2 and W-3 for filing with the SSA. You may also print out copies for filing with state or local governments, distribution to your employees, and for your records.

**DO NOT CUT, FOLD OR STAPLE**

<b>a</b> Tax year/Form corrected / W-  		<b>55555</b>	<b>For Official Use Only ▶</b> OMB No. 1545-0008									
<b>b</b> Employer's name, address, and ZIP code		<b>c</b> Kind of Payer <table style="margin-left: 20px; border: none;"> <tr> <td style="text-align: center;">941/941-SS <input type="checkbox"/></td> <td style="text-align: center;">Military <input type="checkbox"/></td> <td style="text-align: center;">943 <input type="checkbox"/></td> <td style="text-align: center;">944/944-SS <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">CT-1 <input type="checkbox"/></td> <td style="text-align: center;">Hshld. emp. <input type="checkbox"/></td> <td style="text-align: center;">Medicare govt. emp. <input type="checkbox"/></td> <td style="text-align: center;">Third-party sick pay <input type="checkbox"/></td> </tr> </table>			941/941-SS <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944/944-SS <input type="checkbox"/>	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
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<b>d</b> Number of Forms W-2c	<b>e</b> Employer's Federal EIN	<b>f</b> Establishment number	<b>g</b> Employer's state ID number									
Complete boxes h, i, or j <b>only</b> if incorrect on last form filed.	<b>h</b> Employer's <b>incorrect</b> Federal EIN	<b>i</b> <b>Incorrect</b> establishment number	<b>j</b> Employer's <b>incorrect</b> state ID number									
<b>Total of amounts previously reported as shown on enclosed Forms W-2c.</b>	<b>Total of corrected amounts as shown on enclosed Forms W-2c.</b>	<b>Total of amounts previously reported as shown on enclosed Forms W-2c.</b>	<b>Total of corrected amounts as shown on enclosed Forms W-2c.</b>									
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld									
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld									
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld									
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips									
<b>9</b> Advance EIC payments	<b>9</b> Advance EIC payments	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits									
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a-d</b> (Coded items)	<b>12a-d</b> (Coded items)									
<b>14</b> Inc. tax W/H by 3rd party sick pay payer	<b>14</b> Inc. tax W/H by 3rd party sick pay payer											
<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>17</b> State income tax	<b>17</b> State income tax									
<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>19</b> Local income tax									
<b>Explain decreases here:</b>												
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 ( )	For Official Use Only										
Email address	Fax number ( )											

**Purpose of Form**

Use this form to transmit Copy A of **Form(s) W-2c**, Corrected Wage and Tax Statement (Rev. 1-2006). Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name or social security number (SSN). See the separate Instructions for Forms W-2c and W-3c for information on completing this form.

**When To File**

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM, W-2VI, or W-2c. Provide Copies B, C, and 2 of Form W-2c to your employees as soon as possible.

**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**

Form **W-3c** (Rev. 1-2006)

**Transmittal of Corrected Wage and Tax Statements**

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

Cat. No. 10164R

Department of the Treasury  
Internal Revenue Service