

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

| | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|------------|----------|-----|------------|--------------------------|--------------------------|--------------------------|--------------------------|------|-------------|---------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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 style="width:100%; border:none;"> <tr> <td style="width:20%;">941/941-SS</td> <td style="width:20%;">Military</td> <td style="width:20%;">943</td> <td style="width:20%;">944/944-SS</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><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 align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table> | | | 941/941-SS | Military | 943 | 944/944-SS | <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"/> |
| 941/941-SS | Military | 943 | 944/944-SS | | | | | | | | | | | | | | | | | |
| <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"/> | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | |
| 14 Inc. tax W/H by 3rd party sick pay payer | 14 Inc. tax W/H by 3rd party sick pay payer | | | | | | | | | | | | | | | | | | | |
| 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 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