

DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444

For Official Use Only
OMB No. 1545-0029

| | | | | | |
|--|--|---|--|---|-------|
| a Employer's name, address, and ZIP code | | c Tax year/Form corrected | | d Employee's correct SSN | |
| | | / W-2 | | e Corrected SSN and/or name. (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/> | |
| | | | | | |
| | | f Employee's previously reported SSN | | | |
| b Employer identification number (EIN) | | g Employee's previously reported name | | | |
| <p>Note: Only complete money fields that are being corrected. (Exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under <i>Specific Instructions for Form W-2c</i>, boxes 5 and 6.)</p> | | h Employee's first name and initial | | Last name | Suff. |
| | | i Employee's address and ZIP code | | | |
| Previously reported | | Correct information | | Previously reported | |
| 1 Wages, tips, other compensation | | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | |
| 3 Social security wages | | 3 Social security wages | | 4 Social security tax withheld | |
| 5 Medicare wages and tips | | 5 Medicare wages and tips | | 6 Medicare tax withheld | |
| 7 Social security tips | | 7 Social security tips | | 8 Allocated tips | |
| 9 | | 9 | | 10 Dependent care benefits | |
| 11 Nonqualified plans | | 11 Nonqualified plans | | 12a See instructions for box 12 | |
| 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | |
| 14 Other (see instructions) | | 14 Other (see instructions) | | 12c | |
| | | | | 12d | |
| State Correction Information | | | | | |
| Previously reported | | Correct information | | Previously reported | |
| 15 State | | 15 State | | 15 State | |
| 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. | |
| 17 State income tax | | 17 State income tax | | 17 State income tax | |
| Locality Correction Information | | | | | |
| Previously reported | | Correct information | | Previously reported | |
| 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 | |
| 20 Locality name | | 20 Locality name | | 20 Locality name | |

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

Copy A—For Social Security Administration

Form **W-2c** (Rev. 6-2024)**Corrected Wage and Tax Statement**

Cat. No. 61437D

Department of the Treasury
Internal Revenue Service