

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 941/941-SS Military 943 Sec. 218 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CT-1 Rshld. emp. Military gov. 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/B by 3rd party sick pay payer	14 Inc. tax W/B 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:		LW3C	
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service?		Layout for Stock Items:	
If "Yes," give date the return was filed:		Order On-Line:	
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.		E-mail for Questions or Quotes:	
Signature: _____ Title: _____		Order Toll-Free: 888-729-2020	
Contact person	Telephone number	For Official Use Only	
E-mail address	Fax number		

Purpose of Form

Use this form to transmit Copy A of Form(s) W-2c, Corrected Wage and Tax Statement (Rev. 12-2002). 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 (Rev. December 2002) 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-2GM, or W-2VI. Also 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. 12-2002) Transmittal of Corrected Wage and Tax Statements

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 10363R Department of the Treasury Internal Revenue Service

