

[Por favor, no corte, doble ni use grapas—Please do not cut, fold, or staple]

| a Año contributivo a corregirse/ Tax year being corrected _____ | 3333 | For Official Use Only ▶ OMB No. 1545-0008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|--------------------------|--|--|---|--|------------------------|---|--------------------------|--|--|---|--------------------------|--------------------------|--------------------------|--|---|--|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|--|--|--------------------------------|--|--|--|--|
| b Nombre y dirección del patrono, incluyendo el código postal "ZIP" Employer's name, address, and ZIP code | | c Total de Formas 499R-2c/W-2cPR adjuntas Total number of Forms 499R-2c/W-2cPR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f Clase de patrono <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;">943-PR</td> <td style="width: 15%; text-align: center;">944-PR</td> <td style="width: 15%; text-align: center;">Empleados del gobierno <i>Medicare</i></td> <td style="width: 15%; text-align: center;">Sección 218</td> </tr> <tr> <td>Kind of payer</td> <td>941-PR Regular</td> <td>Doméstico Household</td> <td>Agrícola Agriculture</td> <td>Medicare Govt. Employees</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | | <input type="checkbox"/> | 943-PR | 944-PR | Empleados del gobierno <i>Medicare</i> | Sección 218 | Kind of payer | 941-PR Regular | Doméstico Household | Agrícola Agriculture | Medicare Govt. Employees | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d Número del establecimiento Establishment number | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | 943-PR | 944-PR | Empleados del gobierno <i>Medicare</i> | Sección 218 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete los encasillados, desde la h hasta la j <i>sólo</i> si la información suministrada en la Forma W-3PR original es incorrecta Complete boxes h-j <i>only</i> if the information shown on the original Form W-3PR is incorrect | | h Número de identificación patronal <i>incorrecto</i> Incorrect employer's identification number (EIN) | i Número del establecimiento <i>incorrecto</i> Incorrect establishment number | e Número de identificación patronal Employer's identification number (EIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g Número patronal de seguro social y PRU Employer's SSA number and PRU 69— | | j Número patronal de seguro social y PRU <i>incorrectos</i> Employer's incorrect SSA and PRU no. 69— | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Partida Item</th> <th style="width: 25%;">Según se informó originalmente As originally reported</th> <th style="width: 25%;">Información Correcta Correct information</th> <th style="width: 20%;">Aumento (reducción) Increase (decrease)</th> </tr> </thead> <tbody> <tr> <td rowspan="7" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">Cambios-Changes</td> <td>1 Total sueldos Seguro Social Social security wages</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 Seguro Social retenido Social security tax withheld</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Total sueldos y propinas <i>Medicare</i> Medicare wages and tips</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 Contribución <i>Medicare</i> retenida Medicare tax withheld</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 Propinas Seguro Social Social security tips</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 Seguro Social no retenido en propinas Uncollected social security tax</td> <td></td> <td></td> <td></td> </tr> <tr> <td>7 Contribución <i>Medicare</i> no retenida en propinas Uncollected Medicare tax</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">Explicación-Explanation</td> <td colspan="4">8 Explique aquí cualquier reducción Explain decreases here</td> </tr> </tbody> </table> | | | | | | Partida Item | Según se informó originalmente As originally reported | Información Correcta Correct information | Aumento (reducción) Increase (decrease) | Cambios-Changes | 1 Total sueldos Seguro Social Social security wages | | | | 2 Seguro Social retenido Social security tax withheld | | | | 3 Total sueldos y propinas <i>Medicare</i> Medicare wages and tips | | | | 4 Contribución <i>Medicare</i> retenida Medicare tax withheld | | | | 5 Propinas Seguro Social Social security tips | | | | 6 Seguro Social no retenido en propinas Uncollected social security tax | | | | 7 Contribución <i>Medicare</i> no retenida en propinas Uncollected Medicare tax | | | | Explicación-Explanation | 8 Explique aquí cualquier reducción Explain decreases here | | | |
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| ¿Ha sido radicada una planilla de contribución patronal corregida con el Servicio Federal de Rentas Internas? <input type="checkbox"/> Sí <input type="checkbox"/> No Has a corrected employment tax return been filed with the Internal Revenue Service? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Si la respuesta es "Sí", indique la fecha en que la planilla corregida fue radicada. If "Yes," give date the corrected return was filed ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bajo pena de perjurio, declaro que he examinado esta planilla y los documentos adjuntos, y que a mi mejor saber y entender son verídicos, correctos y completos. 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Firma-Signature ▶ | | Título-Title ▶ | | Fecha-Date ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persona de contacto-Contact person | Número de teléfono-Telephone number () | Número de fax-Fax number () | Dirección de su <i>email</i> —Email address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Forma W-3c PR (Rev. 2-2006) TRANSMISIÓN DE COMPROBANTES DE RETENCIÓN CORREGIDOS

Para el Aviso sobre la Ley de Confidencialidad de Información y la Ley de Reducción de Trámites, vea las instrucciones separadas.

Form W-3c PR (Rev. 2-2006) Transmittal of Corrected Wage and Tax Statements

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

Cat. No. 62776P

Department of the Treasury
Internal Revenue Service

Propósito de la Forma

Use la Forma W-3c PR para enviar el original de una o más Forma(s) 499R-2c/W-2cPR, Corrección al Comprobante de Retención, a la SSA aun cuando radique la Forma 499R-2c/W-2cPR únicamente para corregir el nombre o número de seguro social (SSN) de un(a) empleado(a). Radique una sola Forma W-3c PR para corregir un número de identificación patronal (EIN) reportado en una Forma W-3c PR anteriormente radicada. Si éste es el único cambio que usted necesita hacer, por favor, complete únicamente los encasillados **a, b, d** y **e**; además, cuando le corresponden, complete los encasillados **g, h, i, y j** que apliquen y firme la planilla. Vea las Instrucciones para la Forma W-3c PR por separado, para más detalles sobre cómo se llena esta planilla.

Cuándo se debe radicar la planilla

Radique la Forma W-3c PR lo más pronto posible después de que usted haya descubierto un error en la Forma 499R-2/W-2PR. Además, déles a sus empleados las copias apropiadas de la Forma 499R-2c/W-2cPR cuanto antes.

Adónde se envía

Si usted usa el Servicio Postal de los EE.UU., envíe las Formas 499R-2c/W-2cPR y W-3c PR a la dirección siguiente:

**Social Security Administration
Data Operations Center
P.O. Box 3333
Wilkes-Barre, PA 18767-3333**

Si usa una agencia porteadora de correos que no sea el Servicio Postal de los EE.UU., envíe las Formas 499R-2c/W-2cPR y W-3c PR a la dirección siguiente:

**Social Security Administration
Data Operations Center
Attn: W-2c PR Process
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7997**

Purpose of Form

Use Form W-3c PR to transmit the original page of one or more Form(s) 499R-2c/W-2cPR, Corrected Withholding Statement, to the SSA even if you are only filing Form 499R-2c/W-2cPR to correct an employee's name or social security number (SSN). File Form W-3c PR by itself to correct an employer identification number (EIN) on a previously filed Form W-3c PR. If the EIN is the only change you need to make, complete only boxes **a, b, d, e**, (when applicable, boxes **g, h, i, j**), and sign the form. See the separate Instructions for Form W-3c PR for more information on completing this form.

When To File

File Form W-3c PR as soon as possible after you discover an error on Form 499R-2/W-2PR. Also, provide the appropriate copies of Form 499R-2c/W-2cPR to your employees as soon as possible.

Where To File

If you use the U.S. Postal Service, send Forms 499R-2c/W-2cPR and W-3c PR 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 499R-2c/W-2cPR and W-3c PR to the following address:

**Social Security Administration
Data Operations Center
Attn: W-2c PR Process
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7997**