

DO NOT CUT, FOLD, OR STAPLE

55555		a Tax year/Form corrected / W-		For Official Use Only ▶ OMB No. 1545-0008						
b Employer's name, address, and ZIP code			c Kind of Payer (Check one)				Kind of Employer (Check one)		Third-party sick pay	
			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"/>				None apply <input type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>		<input type="checkbox"/>	(Check if applicable)
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 Deferred compensation		12a Deferred compensation				
14 Inc. tax w/h by third-party sick pay payer		14 Inc. tax w/h by third-party sick pay payer		12b HIRE exempt wages and tips		12b HIRE exempt wages and tips				
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			Employer's telephone number			For Official Use Only				
Employer's email address			Employer's fax number							

Internal Use Only
DRAFT AS OF
March 18, 2013

Form **W-3c** (Rev. 8-2013)

Transmittal of Corrected Wage and Tax Statements

Department of the Treasury
Internal Revenue Service

Purpose of Form

Use this form to transmit Copy A of **Form(s) W-2c**, Corrected Wage and Tax Statement (Rev. 2-2009). 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 and social security number (SSN) or the employer identification number (EIN). See the 2013 General Instructions for Forms W-2 and W-3 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.

For Paperwork Reduction Act Notice, see separate instructions.

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**