

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) 941/941-SS Military 943 944 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CT-1 Hshld. Medicare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> emp. govt. emp.		Kind of Employer (Check one) None apply 501c non-govt. <input type="checkbox"/> <input type="checkbox"/> State/local State/local Federal non-501c 501c govt. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Third-party sick pay <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 originally reported 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		9		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		12b		
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 ▶				
Employer's contact person				Employer's telephone number		For Official Use Only		
Employer's fax number				Employer's email address				

Form **W-3c** (Rev. 11-2015)

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 the most recent version of **Form(s) W-2c, Corrected Wage and Tax Statement**. 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 General Instructions for Forms W-2 and W-3 for information on completing this form.

E-Filing

The SSA strongly suggests employers report Form W-3c and Forms W-2c Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- **W-2c Online.** Use fill-in forms to create, save, print, and submit up to 25 Forms W-2c at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2c Electronically (EFW2C)*.

For more information, go to www.socialsecurity.gov/employer. First time filers, select "Go to Register"; returning filers select "Go To Log In."

For Paperwork Reduction Act Notice, see separate instructions.

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**