

DO NOT CUT, FOLD, OR STAPLE

55555		a Tax year/Form corrected / W-		For Official Use Only: OMB No. 1545-0029		
b Employer's name, address, and ZIP code School District Name c/o San Diego County Office of Education 6401 Linda Vista Road, Room 607 San Diego, CA 92111-7319		c Kind of Payer (Check one) 941/941-SS ☒ Military ☐ 943 ☐ 944 ☐ CT-1 ☐ Hshld. emp. ☐ Medicare govt. emp. ☐		Kind of Employer (Check one) None apply ☐ 501c non-govt. ☐ State/local non-501c ☐ State/local 501c ☐ Federal govt. ☐		Third-party sick pay ☐ (Check if applicable)
d Total number of Forms W-2c	e Employer identification number (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 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? ☐ Yes ☐ 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: Reporting Agent		Date:		
Employer's contact person Julia Hasey		Employer's telephone number (858)295-6693		For Official Use Only		
Employer's fax number (858) 715-0091		Employer's email address julia.hasey@sdcoe.net				

Form **W-3c** (Rev. 6-2024)**Transmittal of Corrected Wage and Tax Statements**Department of the Treasury
Internal Revenue Service**Purpose of Form**

Complete a Form W-3c transmittal only when filing paper 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

See the General Instructions for Forms W-2 and W-3 for e-filing requirements for Forms W-2c and W-3c. 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 Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

For more information, go to www.SSA.gov/employer.

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 Paper Forms

If you use the U.S. Postal Service, send this entire page with Copy A of Form W-2c to:

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

Note: If you use an IRS-approved private delivery service to file, replace "P.O. Box 3333" with "Attn: W-2c Process, 1150 E. Mountain Dr." in the address and change the ZIP code to "18702-7997." Go to www.irs.gov/PDS for a list of IRS-approved private delivery services.

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