4	4444	For Official Use Onl OMB No. 1545-0008	y <b>&gt;</b>											
а	Employer's nam	ne, address, and ZIP c	ode						r/Form corrected	d E	mployee's correct	SSN		
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145	TALMAD	GE RD STE					2023 / <b>W2</b>   651-41-4455  e Corrected SSN and/or name (Check this box and complete							
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11 Nonqualified plans			11	11 Nonqualified plans				12a See instructions for box 12			12 a See instructions for box 12			
13	Statutory Re	etirement Third-party	13	Statutory	Retirement	Third-narty	Code			Code	<b>.</b>			
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16 State wages, tips, etc.			16	• • • •				16 State wages, tips, etc.			16 State wages, tips, etc.			
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	uctions for Form			5 101 170	JIIIIS VV-2	allu VV-	-o, unuei	Гореспіс	l i	i Employee's address and ZIP code							
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1	Wages, tips, oth	ner compen	sation	1	Wages, t	ps, oth	er compe	ensation	2	2 Federal income tax withheld			2 Federal income tax withheld				
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	Employer's state ID number			Employer's state ID number				per		Employer's state ID number			Employer's state ID number				
16	128-8023-3 <b>16</b> State wages, tips, etc.			128-8023-3 <b>16</b> State wages, tips, etc.					16	16 State wages, tips, etc.			16 State wages, tips, etc.				
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19	19 Local income tax			19	19 Local income tax				19	19 Local income tax			19 Local income tax				
20 Locality name			20 Locality name					20	20 Locality name			20 Locality name					

Copy C — For EMPLOYEE'S RECORDS

## **Notice to Employee**

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, W-2VI or W-2c) for the tax year shown in box c. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file Form 1040X, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable.

If you have not filed your return for the year shown in box c, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

4	4444	For Official Use Only  OMB No. 1545-0008	•								
а	Employer's nam	ne, address, and ZIP code			С	Tax year/Form corrected	d E	Employee's correct SSN			
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					Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)						
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instr		1 W-2c, boxes 5 and 6).	1	O a man at lanfa man at lan	i	Employee's address and ZIP code	1				
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		103561.52		131414.32	-	6420.8		·	7.69		
5	Medicare wages		5	Medicare wages and tips	6	Medicare tax withheld	6	Medicare tax withheld			
		103561.52		131414.32		1501.6	4	190	5.51		
7	Social security t	ips	7	Social security tips	8	Allocated tips	8	Allocated tips			
9			9		10	Dependent care benefits	10	Dependent care benefits			
44			44		40-		40.				
11	Nonqualified pla	ans	11	Nonqualified plans		See instructions for box 12		See instructions for box 12			
13	Statutory Re	etirement Third-party	13	Statutory Retirement Third-party	Code	<u> </u>	12 k	I			
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16	128-802 State wages, tip		16	State wages, tips, etc.	16	State wages, tips, etc.	16	State wages, tips, etc.			
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Copy 2 — To Be Filed with Employee's State, City, or Local Income Tax Department