44444	For Official Use Only OMB No. 1545-0008	>	Safe, accurate, FAST! Use	IRS P	fle)	Visit the IRS website at www.irs.gov.	
a Employer's nar	a Employer's name, address, and ZIP code		c Tax year/Form corrected		d Employe	ee's correct SSN	_
			/ W-2				
			e Corrected SSN and/or name (Check this box and complete boxes f and/or				
			g if incorrect on form previously filed.)				
			Complete boxes f and/or g only if incorrect on form previously filed ▶				
			f Employee's previously re	eported SSN			
b Employer's Fed	deral EIN		g Employee's previously r	eported name			
			h Employee's first name ar	nd initial	Last name	Su	ff.
corrections invo	olving MQGE, see the r Specific Instructions	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and	ZIP code			
	sly reported	Correct information	Previously repo		d Correct information		
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federa	I income tax withheld	
3 Social security wages		3 Social security wages	4 Social security tax withle	neld	4 Social security tax withheld		
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medica	re tax withheld	
7 Social securit	ty tips	7 Social security tips	8 Allocated tips		8 Allocat	ed tips	
9		9	10 Dependent care benefit	s	10 Depend	dent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	(12	12a See ins	structions for box 12	
13 Statutory Reti	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b		12b		
14 Other (see ins	tructions)	14 Other (see instructions)	12c		12c		
			12d		12d		
		State Commentie	n Information				
Proviou	sly reported	State Correction Correct information	Previously repo	rtod	Cor	rect information	
15 State	isiy reported	15 State	15 State	rieu	15 State	rect information	
				·			
Employer's sta		Employer's state ID number	Employer's state ID num	nber	Employ	er's state ID number	
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State w	ages, tips, etc.	
17 State income	tax	17 State income tax	17 State income tax		17 State income tax		
Locality Correction Information							
	sly reported	Correct information	Previously repo	orted		rect information	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local w	rages, tips, etc.	
19 Local income tax 1		19 Local income tax	19 Local income tax		19 Local income tax		
20 Locality name	•	20 Locality name	20 Locality name		20 Locality	name	

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a Employer's name, address, and ZIP code		c Tax year/Form corrected		d Employe	ee's correct SSN	
			/ W-2			
			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
			Complete boxes f and/or	g only if incor	rect on form	previously filed >
			f Employee's previously re	eported SSN		
b Employer's Fe	deral EIN		g Employee's previously re	eported name		
			h Employee's first name an	nd initial	Last name	Suff
corrections invo	olving MQGE, see the r Specific Instructions	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and a	ZIP code		
	sly reported	Correct information	Previously repo		Correct information	
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federa	l income tax withheld
3 Social securit	ty wages	3 Social security wages	4 Social security tax with	neld	4 Social	security tax withheld
5 Medicare was	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medicare tax withheld	
7 Social securit	ty tips	7 Social security tips	8 Allocated tips		8 Allocat	ed tips
9		9	10 Dependent care benefit	s	10 Depen	dent care benefits
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	(12	12a See ins	structions for box 12
13 Statutory employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b		12b	
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c	
			12d		12d	
		State Correction				
	sly reported	Correct information	Previously repo	orted		rect information
15 State		15 State	15 State		15 State	
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	ıber	Employ	er's state ID number
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State w	ages, tips, etc.
17 State income	tax	17 State income tax	17 State income tax		17 State income tax	
Locality Correction Information						
	sly reported	Correct information	Previously repo	orted	Correct information	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income	tax	19 Local income tax	19 Local income tax		19 Local income tax	
20 Locality name)	20 Locality name	20 Locality name		20 Locality	name

44444	For Official Use Only	•				
	OMB No. 1545-0008					
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
			/ W-2			
			Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
			Complete boxes f and/or g only if incorrect on form previously filed			
			f Employee's previously reported SSN			
b Employer's Fe	deral EIN		g Employee's previously reported name			
			h Employee's first name and initial	Last name Suff.		
corrections invo	olving MQGE, see the Instructions for Form \	<u> </u>	i Employee's address and ZIP code			
	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social securit	ty 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 See instructions for box 12	12a See instructions for box 12		
13 Statutory employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b		
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c		
			12d	12d		
		State Correction	l on Information			
Previou	sly reported	Correct information	Previously reported	Correct information		
15 State		15 State	15 State	15 State		
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income	tax	17 State income tax	17 State income tax	17 State income tax		
	Locality Correction Information					
Previou	sly reported	Correct information	Previously reported	Correct information		
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income	tax	19 Local income tax	19 Local income tax 19 Local income tax			
20 Locality name	3	20 Locality name	20 Locality name	20 Locality name		