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			
			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 inco	rrect on form previously filed ►		
			f Employee's previously reported SSN			
b Employer's Federal EIN			g Employee's previously reported name			
			h Employee's first name and initial	Last name Suff.		
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			i Employee's address and ZIP code			
Previou	usly reported	Correct information	Previously reported	Correct information		
	other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social securi	ity wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wa	iges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social securi	ity 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 pla	tirement Third-party In sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b		
14 Other (see ins	structions)	14 Other (see instructions)				
			12d	12d		
Brovio	univ reported	State Correctio	on Information Previously reported	Correct information		
15 State	usly reported	15 State	15 State	Correct information 15 State		
Employer's st	tate 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						
Previously 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	e tax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name	9	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	I	d Employee's o	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			viouslv filed ►	
			f Employee's previously re	° ,			
b Employer's Federal EIN			g Employee's previously reported name				
			h Employee's first name ar	nd initial	Last name Suff.		
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			i Employee's address and	ZIP code			
Previou	Isly reported	Correct information	Previously repo		Correct information		
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	nheld	2 Federal inco	ome tax withheld	
3 Social securi	ty wages	3 Social security wages	4 Social security tax with	held	4 Social security tax withheld		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medicare tax withheld		
7 Social securi	ty tips	7 Social security tips	8 Allocated tips		8 Allocated tips		
9		9	10 Dependent care benefit	ts	10 Dependent care benefits		
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	x 12	12a See instructions for box 12		
13 Statutory Rel employee pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b C d e		12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c C d e				
			12d C d e		12d		
Broviou	unly reported	State Correction		ortod	Corroc	tinformation	
15 State	isly reported	Correct information 15 State	15 State	ously reported Correct information 15 State		Information	
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	nber	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 Correct					
	isly reported	Correct information	Previously repo	orted		t information	
18 Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local wages, tips, etc.		
19 Local income		19 Local income tax	19 Local income tax		19 Local income tax		
20 Locality name	9	20 Locality name	20 Locality name	20 Locality name		_	

Copy B-To Be Filed with Employee's FEDERAL Tax Return

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a Employer's name, address, and ZIP code			c Tax year/Form corrected		d Employee'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.)				nd/or
			Complete boxes f and/or	g only if incor	rect on form pr	eviously filed	•
			f Employee's previously reported SSN				
b Employer's Federal EIN			g Employee's previously reported name				
			h Employee's first name an	nd initial	Last name Suff.		
Note. Only con	nplete money fields th	at are being corrected (exception: for					
corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			i Employee's address and ZIP code				
	isly reported	Correct information	Previously repo		Correct information		
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federal inc	come tax withheld	
3 Social securi	ty wages	3 Social security wages	4 Social security tax with	neld	4 Social security tax withheld		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medicare tax withheld		
7 Social securi	ty tips	7 Social security tips	8 Allocated tips		8 Allocated tips		
9		9	10 Dependent care benefit	S	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 pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b C		12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c C		12c		
			12d		12d		
			6				
		State Correctio			-		
	isly reported	Correct information	Previously repo	orted		ct 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	lber	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		
		tion Information					
Previously reported Correct information				t 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		me		

44444	Hu For Official Use Only ► OMB No. 1545-0008						
a Employer's na	a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee'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	rrect on form previously filed ►			
			f Employee's previously reported SSN				
b Employer's Federal EIN			g Employee's previously reported name				
			h Employee's first name and initial	Last name Suff.			
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3,							
		W-2c, boxes 5 and 6).	i Employee's address and ZIP code				
	ther compensation	Correct information 1 Wages, tips, other compensation	Previously reported Federal income tax withheld	2 Federal income tax withheld			
3 Social securi		3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securi	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 pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			12d	12d			
			e	0			
		State Correction					
	isly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
Employer's st	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	isly 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	9	20 Locality name	20 Locality name	20 Locality name			

Copy 2-To Be Filed with Employee's State, City, or Local Income Tax Return

4444	For Official Use Only OMB No. 1545-0008						
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee'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 reported SSN				
b Employer's Federal EIN			g Employee's previously reported name				
		h Employee's first name and initial	Last name Suff.				
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			i Employee's address and ZIP code				
	isly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securi	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 pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay		12b			
14 Other (see ins	structions)	14 Other (see instructions)		12c			
			12d	12d			
		State Correctio					
	isly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
Employer's st	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 Correct	ion Information				
Previou	isly 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	9	20 Locality name	20 Locality name	20 Locality name			