W2C Request Form

Client Information

Control Number: _____ Correction Tax Year: _____

Client Name: _____

Notice To Client:

Please note the following fees will apply based on this request:

- W2C - $85.00 / per request and W3C - $85.00/per request
- 940/941 AND any applicable State Unemployment Amendment AND/OR State/Local Withholding Amendment - $300.00 / per request / per form
  I have read and understand the conditions stated above.

Employee Information

Employee Name _____ **SSN** _____

Please enter the W2 Corrections that apply. Not all sections are required to be completed.

Reason for correction (mark all that apply)

Name/Address/SSN	Dependent Care	Non-qualified Plan	Box 12	Box 13	Box 14
Wages/Tax	Pre-Tax Deduction	Deferral	Fringe Benefit		3rd Party Sick Pay

Change SIT State reporting to a different state   Change LIT Reporting to a different local   Change SIT/LIT id #

Other (please specify)

_____

W2 Correction

Please list the employee's name and/or SSN as listed on their W2. This information is needed to make the W2 name/SSN correction.

Name Correction: (incorrect) _____   (correct) _____

SSN Correction: (incorrect) _____   (correct) _____

Address Correction: **(Please list the employee correct address)**

Address _____

City _____   State _____   Zip _____

Earning/Deduction Name for Correction: _____   Earning/Deduction Name for Correction: _____

W2 Box Corrections
(if more than two Box 12 or Box 14 corrections use a separate form)

		Incorrect	Correct
Box 10: Dependent Care	Amount		
Box 11: Non-qualified plans	Amount		
Box 12: (Enter "Code") https://www.irs.gov/pub/irs-pdf/iw2w3.pdf	Amount		
Box 12: (Enter "Code") https://www.irs.gov/pub/irs-pdf/iw2w3.pdf	Amount		
Box 14: (Enter "Description")	Amount		
Box 14: (Enter "Description")	Amount		
Box 15: only enter information if id # is changing	State ID		
Box 20: Locality Name	Locality name		
Box 13: Unmark Mark	Statutory Employee Retirement Plan 3rd Party Sick Pay		