

DO NOT CUT, FOLD, OR STAPLE THIS FORM

a Tax year/Form corrected 2007 / W - 2C		44444		For Official Use Only OMB No. 1545-0008	
b Employee's correct SSN 400-01-0011			c Corrected SSN and/or name (if checked, enter incorrect SSN and/or name in box h and/or box i)		d Employer's Federal EIN 12-3456789
e Employee First name and initial First		Last name Person		g Employer's name, address, and ZIP code First Test LLC C/O Jane Doe 68 Main Street Unit A5 Los Angeles, CA, 92100-5656	
f Employee's address and ZIP code 89 JVC Street Apt 99 Los Angeles, CA, 92789-7983			h Employee's incorrect SSN 400-01-0001		i Employee's name (as incorrectly show on previous form)
Complete boxes h and/or i only if incorrect on last form filed					

Note: Only complete money fields that are being corrected (except MQGE)

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation 888888.00	1 Wages, tips, other compensation 999999.00	2 Federal income tax withheld 8888.88	2 Federal income tax withheld 9999.99
3 Social security wages 97500.00	3 Social security wages 97500.00	4 Social security tax withheld 6045.00	4 Social security tax withheld 6045.00
5 Medicare wages and tips 888888.00	5 Medicare wages and tips 999999.00	6 Medicare tax withheld 12888.88	6 Medicare tax withheld 14499.99
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits 5000.00	10 Dependent care benefits 4500.00
11 Nonqualified plans	11 Nonqualified plans	12a See instructions for box 12 D 20000.00	12a See instructions for box 12 D 20000.00
13 Statutory employee Retirement plan Third-party sick pay X	13 Statutory employee Retirement plan Third-party sick pay X	12b	12b
14 Other (see instructions)	14 Other (see instructions)	12c	12c
		12d	12d

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State CA	15 State CA	15 State	15 State
Employer's state ID number 8582748147-1	Employer's state ID number 123456789-0	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc. 888888.00	16 State wages, tips, etc. 999999.00	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax 12345.67	17 State income tax 23456.78	17 State income tax	17 State income tax

Locality Correction 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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A -- For Social Security Administration

Form **W-2C** (Rev. 05-2006)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

0000/1244