


4444	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code Tax Form Issuer, Inc 12021 Sunset Valley Dr Suite 230 Preston, VA 20191		c Tax year/Form corrected 2022 / W-2		d Employee's correct SSN XXX-XX-1234			
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>					
		Complete boxes f and/or g only if incorrect on form previously filed ▶					
		f Employee's previously reported SSN XXX-XX-1234					
b Employer's Federal EIN 12-3456789		g Employee's previously reported name Kris Q Public					
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).		h Employee's first name and initial Kris Q		Last name Public			
		i Employee's address and ZIP code 1 Main St Melrose, NY 12121					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 44416.74		1 Wages, tips, other compensation 44416.74		2 Federal income tax withheld 6907.16		2 Federal income tax withheld 6907.16	
3 Social security wages 47162.92		3 Social security wages 47162.92		4 Social security tax withheld 2924.10		4 Social security tax withheld 2924.10	
5 Medicare wages and tips 47162.92		5 Medicare wages and tips 47162.92		6 Medicare tax withheld 683.86		6 Medicare tax withheld 683.86	
7 Social security 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 C 301.50		12a See instructions for box 12 D 2746.18	
13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b D 2746.18		12b D 2746.18	
14 Other (see instructions)		14 Other (see instructions)		12c DD 4781.88		12c DD 5781.88	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State OH		15 State OH		15 State 		15 State 	
Employer's state ID number OH 036-133505158F-01		Employer's state ID number OH 036-133505158F-01		Employer's state ID number 		Employer's state ID number 	
16 State wages, tips, etc. 44416.74		16 State wages, tips, etc. 44416.74		16 State wages, tips, etc. 		16 State wages, tips, etc. 	
17 State income tax 1726.78		17 State income tax 1726.78		17 State income tax 		17 State income tax 	
Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
18 Local wages, tips, etc. 44416.74		18 Local wages, tips, etc. 44416.74		18 Local wages, tips, etc. 		18 Local wages, tips, etc. 	
19 Local income tax 427.62		19 Local income tax 427.62		19 Local income tax 		19 Local income tax 	
20 Locality name Kirtland		20 Locality name Kirtland		20 Locality name 		20 Locality name 	

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