

# FORM W-2 CORRECTION WORKSHEET FOR 20\_\_

Separate Form Required for Each Employee

Agency Code	Batch #
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Last Name	First Name, MI	NYS EMPLID
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**Wage Correction**

	Gross Wage	Federal Tax	SS Wage	SS Tax	Med Wage	Med Tax	State Wage	State Tax	Local Wage	NYC/ Yonkers Tax	Misc.
<b>Originally Reported W-2</b>											
<b>Corrected W-2</b>											
<b>Difference (+ or -)</b>											

**Name Correction**

<b>CHANGE TO:</b>
Last Name
First Name, MI

**Social Security Number Correction**

<b>CHANGE TO:</b>
Social Security Number

- Uncheck Retirement Checkbox**  
 **Check Retirement Checkbox**

Reason:

\_\_\_\_\_

\_\_\_\_\_

**Reason Codes** (check all that apply)

- Salary Refunds (AC 230s processed after deadlines.) A copy of AC 230 is **required**.
- Miscellaneous Codes:  
 UTA, EDA, PPL, CPA, FRB, IMP, TXP, EXP, 414H, WCX, IRC 125, MNA, TPS  
 For description of codes, refer to back of Form W-2 Statement.
- SS/MED Refunds
- Miscellaneous. Explanation required. \_\_\_\_\_
- \_\_\_\_\_

**Special Notes:**

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\_\_\_\_\_

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Tele. # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Email \_\_\_\_\_

For OSC Use Only
Audited by _____ Date _____