



# W-2C Request Form

## Corrected Wage and Tax Statements

1. Date of Submission: \_\_\_\_\_
2. Name of Payroll Officer: \_\_\_\_\_
3. Phone Number (Payroll Officer): \_\_\_\_\_
4. Employee's CPPS Organization Code: \_\_\_\_\_
5. Calendar Year for Correction: \_\_\_\_\_
6. Employee's Correct Name: \_\_\_\_\_
7. Employee's Address: \_\_\_\_\_
8. Agency's Name: \_\_\_\_\_
9. Employee's EID: \_\_\_\_\_
10. Employee's Correct SSN: \_\_\_\_\_
11. Reason for Request: \_\_\_\_\_

**Note: The original W-2 must be submitted with this form or it will not be processed.**

If Employee's Information was **Incorrect** on Original W-2:

Employee's Incorrect SSN: \_\_\_\_\_

Employee's Incorrect Name: \_\_\_\_\_

### Type of Correction

Box	Original W-2	Correct Info	Difference
Box 1 - Federal Gross			
Box 5 - Medicare Gross			
Box 6 - Medicare Tax			

**Payroll Office Signature** (required for all corrected W-2 requests)

I understand that charges assessed by the IRS for this corrected W-2 (W-2C) will be the responsibility of this agency.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature** (required if the correction results in a Medicare tax refund. The request will be rejected without an employee signature.)

I understand that I am going to receive a W-2C and a refund of Medicare tax from the State of Colorado. I have not and will not apply for a Medicare refund from the IRS.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Glossary of Terms

- CPPS: Central Payroll Processing System
- EID: Employee Identification Number
- SSN: Social Security Number