



Commonwealth of Massachusetts

REQUEST FOR CORRECTION TO FORM W-2C

FOR INTERNAL MASSACHUSETTS STATE GOVERNMENT USE ONLY

INSTRUCTIONS

1. Enter Employee Identification Number (EMPLID)
2. Enter Department Identification Code (DEPTID)

If the correction is SSN or Name change use the CORRECTION FOR NON-FINANCIAL DATA section.

If the correction requires modification of wages, taxes or deductions use the CORRECTION FOR FINANCIAL DATA section.

1. Mail a cover letter (dated) with an explanation of why the W-2 correction is being requested together with the Request for a Correction to a W-2 Form to:
Office of the State Comptroller
One Ashburton Place, 9th Floor, Tax Clearinghouse
Boston, MA 02108
2. The cover letter must be signed by an authorized signatory.
3. Include a copy of the original Form W-2.
4. Please include any other documentation relevant to the request.
5. Refunds should have PRRV document id, returns of pretax deductions should have a copy of the reissued check.
6. If money is returned please enter a screen print of the final CR/ER or include a memo signed by the department head.

The Request for a Correction to a Form W-2 can be either typed or handwritten (make sure boxes are checked when necessary)

A reference (tracking) number will be assigned to each request.

After a request is approved, the Office of the Comptroller will mail the Copy B, Copy C and Copy 2 to the employee.



Commonwealth of Massachusetts
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Correction for Non-Financial Data			
a. Employee ID		b. Department ID	
c. Tax Year / Form Corrected / W-2		d. Employee's Social Security Number	
e. Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed)			
Complete boxes f and/or g only if incorrect on form previously filed			
f. Employee's Previously Reported Social Security Number		g. Employee's Previously Reported Name	
h. Employee's Full Name			
First Name	Initial	Last Name	Suffix
i. Employees Address			
Street Address	City	State	Zip



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Correction for Financial Data

Note: Only complete money fields that are being corrected, all others leave blank.

Previously Reported	Correct Information	Previously Reported	Correct Information
1. Wages, Tips, Other Compensation	1. Wages, Tips, Other Compensation	2. Federal Income Tax Withheld	2. Federal Income Tax Withheld
5. Medicare Wages and Tips	5. Medicare Wages and Tips	6. Medicare Tax Withheld	6. Medicare Tax Withheld
9. Advance EIC Payment	9. Advance EIC Payment	10. Dependent Care Benefits	10. Dependent Care Benefits
12. See W-2 Instructions Box for 12	12. See W-2 Instructions Box for 12	14. Other See Instructions	14. Other See Other Instructions
c.	c.	A	A
		A	A
		A	A
e.	e.	A	A
		A	A
g.	g.	A	A
		A	A
		A	A
13. Statutory Employee Retirement Plan Third-Party Sick-Pay	13. Statutory Employee Retirement Plan Third-Party Sick-Pay	13. Statutory Employee Retirement Plan Third-Party Sick-Pay	13. Statutory Employee Retirement Plan Third-Party Sick-Pay
15. State MA	16. State Wages, Tips, Etc.	15. State MA	16. State Wages, Tips, Etc.
17. State	17. State Income Tax Withheld	17. State	17. State Income Tax Withheld