



# 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, 9<sup>th</sup> 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.

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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  
REQUEST FOR CORRECTION TO FORM W-2C

<b>Correction for Non-Financial Data</b>			
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)			
<b>Complete boxes f and/or g only if incorrect on form previously filed</b>			
f. Employee's Previously Reported Social Security Number		g. Employee's Previously Reported Name	
<b>h. Employee's Full Name</b>			
First Name	Initial	Last Name	Suffix
<b>i. Employees Address</b>			
Street Address	City	State	Zip



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**REQUEST FOR CORRECTION TO FORM W-2C**

<b>Correction for Financial Data</b>			
Note: Only complete money fields that are being corrected, all others leave blank.			
Previously Reported		Correct Information	
1. Wages, Tips, Other Compensation		1. Wages, Tips, Other Compensation	
5. Medicare Wages and Tips		5. Medicare Wages and Tips	
9. Advance EIC Payment		9. Advance EIC Payment	
<b>12. See W-2 Instructions Box for 12</b>		<b>12. See W-2 Instructions Box for 12</b>	
c.		c.	
		A	
		A	
		A	
e.		e.	
		A	
		A	
g.		g.	
		A	
		A	
		A	
13. Statutory Employee	Retirement Plan	13. Statutory Employee	Retirement Plan
	Third-Party Sick-Pay		Third-Party Sick-Pay
15. State MA		15. State MA	
16. State Wages, Tips, Etc.		16. State Wages, Tips, Etc.	
17. State		17. State	
17. State Income Tax Withheld		17. State Income Tax Withheld	