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

1. The cover letter must be signed by an authorized signatory.
2. Include a copy of the original W-2
3. Please include any other documentation relevant to the request.
4. Refunds should have PRRV document id, returns of pretax deductions should have a copy of the reissued check.
5. 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 W-2 Form 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, CTR will mail the Copy B, Copy C and Copy 2 to the employee.

 **EMPLID:**

CORRECTION FOR NON-FINANCIAL DATA **DEPTID:**

# c. Tax year/Form corrected d Employee’s correct SSN

**/W-2**

**e. Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed** [x]

 **Complete boxes f and/or g only if incorrect on form previously filed**

**f. Employee’s previously reported SSN**

**g. Employee’s previously reported name**

**h. Employee’s first name and initial, last name First Name/initial** **Last name** **Suff**

**i. Employee’s address and zip code**

 **Street** **City** **State** **Zip Code**

#  EMPLID:

#  DEPTID:

# 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 for box 12 12 See W-2 instructions for box 12

 **c** **c**

 **e** **e**

 g       g

 13 Statutory Retirement Third-party 13 Statutory Retirement Third-party

 Employee plan sick pay Employee plan sick pay

[ ]  [ ]  [ ]  [ ]  [ ]  [ ]

14 Other (see instructions)14 Other (see instructions)

15 State 16 State wages, tips, etc 15 State 16 State wages, tips etc 17 State 17 State Income tax withheld 17 State 17 State Income tax withheld