

## Corrected W-2s

### W-2c and W-3c Instructions:

Please refer to the IRS 2022 General Instructions for Forms W-2 and W-3, pages 24-31 for instructions of how to correct a W-2 and W-3.

<https://www.irs.gov/pub/irs-pdf/iw2w3.pdf>

### W-2c and W-3c Forms:

- **(Preferable)** Forms W-2c & W-3c are available as Fill-In Forms (courtesy of American Payroll Association) on the Payroll Services Forms website) and can be saved with Adobe Acrobat (not Reader version).

<https://www.sdcoe.net/administrative-services/business-services/district-financial-services/payroll-services>

### Helpful Reminders:

- Corrected W-2(s) and W-3c(s) are submitted to SSA on behalf of the district by the Payroll Services SS/MED/W2c Unit.
- SDCOE is **NOT** responsible for auditing and/or correcting mistakes on the forms submitted.
- Please ensure that all forms are audited prior to submission to the Payroll Services SS/MED/W2c Unit.
- Please remember that no adjustments can be made to W-2 Box-2, Federal Income tax withheld, and Box-17, State Income tax withheld. Federal and State taxes are permanently credited to the employee after the last payroll of 2022 and cannot be subsequently recovered by the District, only overpaid Social Security and Medicare taxes can be recovered.
- A request for consent (SSMEDI letter) may be solicited on paper or in electronic format. It must provide a reasonable period of time to respond, which shall be not less than 45 days from the day of the request.
- Please truck mail or upload via SFTS all submission packets.
- Do not email anything with an employee's SSN on it.
- An adjusted return must be filed 90 days before the expiration of the period of limitations on credit or refund under IRS section 6511.

## Submission to Payroll Services SS/MED/W2c Unit:

- 1) W-3c with explanation for correction (for both decreases and increases)
- 2) W-2c (Copy A only)
- 3) A copy of the Original W-2
- 4) Depending on whether the correction is a Decrease or an Increase in Gross Pay:
  - a) For a DECREASE in SS and/or Medi Gross, please submit:
    1. SS/Medi Letter signed by employee  
OR
    2. Unsigned SS/Medi Letter with one of the following explanations (written diagonally across full page and signed/dated by district personnel)
      - ✓ Employee declined to sign
      - ✓ No timely response from employee
  - b) For an INCREASE in SS and/or Medi Gross, please submit proof of payment:
    1. Cancelled check
    2. Receipt of payment
    3. If a payment plan is utilized, do not send. Please send only a memo that confirms that re-payment to the district has been made in full.
- 5) Detailed back-up documentation showing reason(s) for the corrected W-2.
  - a) Workers Compensation Abatement:
    1. Abatement Worksheet for Workers Compensation
    2. 3rd Party Administrator Workers Compensation Report
  - b) Salary Overpayment
    1. Form 113 : Salary Overpayment worksheet
    2. Copy of the "Review Self Service Paycheck" screen
  - c) Canceled Warrant
    1. A copy of the Form 96

6) There is a MAXIMUM of five W-2c per W-3c allowed per each packet submission to the Payroll Services SS/MED/W2c Unit to expedite handling.

7) W-2C packets should be grouped by:

- a. Increases to Income/taxes
- b. Decreases to Income/taxes
- c. Refund of Employer and Employee taxes (with signed SS/Medi letter)
- d. Refund of Employer Taxes Only (with unsigned SS/Medi letter)

An employee consent letter must:

- Contain the name, address, and social security number (or truncated taxpayer identification number, when appropriate) of the employee;
- Contain the name, address, and EIN of the employer;
- Contain the tax period(s), type of tax, and the amount of tax for which the consent is provided;
- Affirmatively state that the employee authorizes the employer to claim a refund for the overpayment of the employee share of tax;
- For amounts collected in a prior year, include the employee's written statement certifying that the employee hasn't made any previous claims (or the claims were rejected) and won't make any future claims for refund or credit of the amount of the overcollection;
- Identify the basis of the claim;
- Be dated and contain the employee's signature under penalties of perjury. The penalties of perjury statement should be located immediately above the required signature.

## Sample Employee Consent Letter (SS/MEDI Letter)

Employee Name:

Social Security Number:

Address:

Phone Number:

I, \_\_\_\_\_, authorize my employer, \_\_\_\_\_  
EIN \_\_\_\_\_, to file a claim on my behalf for refund of \$ \_\_\_\_\_ in  
overcollected Social Security and/or Medicare contributions for the employee share  
of taxes withheld from wages paid in error for 20\_\_\_\_. I certify that I have not, nor  
will I, make any claims for refund or credit of the over collection of these taxes from  
the IRS.

I declare, under penalty of perjury under the laws of the United States of America,  
that the foregoing is true and correct.

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(Employee Signature)

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(Date)

Payroll  
employee  
signature  
& Date

## "Social Security / Medicare Letter"

Employee Name                     

Employer Name                     

I give my consent to have my employer (named above) file a claim on my behalf with the IRS requesting \$\_\_\_\_\_ in overcollected social security and/or Medicare taxes for 20\_\_\_. I have not claimed a refund of or credit for the overcollected taxes from the IRS, or if I did, that claim has been rejected; and I will not claim a refund or a credit of the amount.

(Employee's Signature)

(Social Security Number)

(Date)

(Completed by District for County Office use)

**DISTRICT USE ONLY:**

Date sent/given to employee: mm/dd/yyyy

By: Signature of Payroll employee

Date: \_\_\_\_\_

**"Social Security / Medicare Letter"**

Employee Name \_\_\_\_\_

Employer Name \_\_\_\_\_

I give my consent to have my employer (named above) file a claim on my behalf with the IRS requesting \$\_\_\_\_\_ in overcollected social security and/or Medicare taxes for 20\_\_\_. I have not claimed a refund of or credit for the overcollected taxes from the IRS, or if I did, that claim has been rejected; and I will not claim a refund or a credit of the amount.

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Date)

(Completed by District for County Office use)

**DISTRICT USE ONLY:**

Date sent/given to employee: mm/dd/yyyy

By: signature of Payroll employee Date: \_\_\_\_\_