

<b>55555</b>	<b>a Tax year/Form corrected</b> 2020 / W-3c	<b>For Official Use Only ▶</b> OMB No. 1545-0008			
<b>b Employer's name, address, and ZIP code</b> ROGER T ODA 3746 LA CRESCENTA AVE GLENDALE, CA 91208		<b>c Kind of Payer (Check one)</b> 941/941-SS <input checked="" type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare gov't. emp. <input type="checkbox"/>		<b>Kind of Employer (Check one)</b> None apply <input checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal gov't. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/> (Check if applicable)
<b>d</b> Number of Forms W-2c 1	<b>e</b> Employer's Federal EIN	<b>f</b> Establishment number	<b>g</b> Employer's state ID number		
<b>Complete boxes h, i, or j only if incorrect on last form filed.</b>	<b>h</b> Employer's originally reported Federal EIN 54-9956384	<b>i</b> Incorrect establishment number	<b>j</b> Employer's incorrect state ID number		
<b>Total of amounts previously reported as shown on enclosed Forms W-2c.</b>	<b>Total of corrected amounts as shown on enclosed Forms W-2c.</b>	<b>Total of amounts previously reported as shown on enclosed Forms W-2c.</b>	<b>Total of corrected amounts as shown on enclosed Forms W-2c.</b>		
<b>1</b> Wages, tips, other compensation 38545.14	<b>1</b> Wages, tips, other compensation 0.00	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld 0.00		
<b>3</b> Social security wages 38545.14	<b>3</b> Social security wages 0.00	<b>4</b> Social security tax withheld 2389.80	<b>4</b> Social security tax withheld 0.00		
<b>5</b> Medicare wages and tips 38545.14	<b>5</b> Medicare wages and tips 0.00	<b>6</b> Medicare tax withheld 558.90	<b>6</b> Medicare tax withheld 0.00		
<b>7</b> Social security tips 0.00	<b>7</b> Social security tips 0.00	<b>8</b> Allocated tips	<b>8</b> Allocated tips 0.00		
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits 0.00		
<b>11</b> Nonqualified plans 0.00	<b>11</b> Nonqualified plans 0.00	<b>12a</b> Deferred compensation	<b>12a</b> Deferred compensation 0.00		
<b>14</b> Inc. tax w/h by third-party sick pay payer 0.00	<b>14</b> Inc. tax w/h by third-party sick pay payer 0.00	<b>12b</b>	<b>12b</b>		
<b>16</b> State wages, tips, etc. 38545.14	<b>16</b> State wages, tips, etc. 0.00	<b>17</b> State income tax	<b>17</b> State income tax 0.00		
<b>18</b> Local wages, tips, etc. 0.00	<b>18</b> Local wages, tips, etc. 0.00	<b>19</b> Local income tax	<b>19</b> Local income tax 0.00		
<b>Explain decreases here:</b>					
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," give date the return was filed ▶					
Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete.					
Signature ▶		Title ▶	Date ▶ 11/30/2023		
Employer's contact person		Employer's telephone number	<b>For Official Use Only</b> 0000/1833		
Employer's fax number		Employer's email address			

Form **W-3c** (Rev. 12-2019)  
**Purpose of Form**

Use this form to transmit Copy A of the most recent version of **Form(s) W-2c, Corrected Wage and Tax Statement**. Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name and social security number (SSN) or the employer identification number (EIN). See the General Instructions for Forms W-2 and W-3 for information on completing this form.

**E-Filing**

The SSA strongly suggests employers report Form W-3c and Forms W-2c Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

• **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 25 Forms W-2c at a time to the SSA.

• **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2c Electronically (EFW2C)*.

For more information, go to [www.socialsecurity.gov/employer](http://www.socialsecurity.gov/employer). First time filers, select "Go to Register"; returning filers select "Go To Log In."

**For Paperwork Reduction Act Notice, see separate instructions.**

**Transmittal of Corrected Wage and Tax Statements**

Department of the Treasury  
 Internal Revenue Service

**When To File**

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM, W-2VI, or W-2c. Provide Copies B, C, and 2 of Form W-2c to your employees as soon as possible.

**Where To File**

If you use the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration**  
**Direct Operations Center**  
**P.O. Box 3333**  
**Wilkes-Barre, PA 18767-3333**

If you use a carrier other than the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration**  
**Direct Operations Center**  
**Attn: W-2c Process**  
**1150 E. Mountain Drive**  
**Wilkes-Barre, PA 18702-7997**

44444

For Official Use Only ▶

OMB No. 1545-0008

<b>a</b> Employer's name, address, and ZIP code  ROGER T ODA 3746 LA CRESCENT AVE GLENDALE, CA 91208		<b>c</b> Tax year/Form corrected  2020 / W-2 c		<b>d</b> Employee's correct SSN  646-36-7345	
<b>b</b> Employer's Federal EIN 549-95-6384		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>			
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b> ▶			
		<b>f</b> Employee's <b>previously reported</b> SSN			
		<b>g</b> Employee's <b>previously reported</b> name			
		<b>h</b> Employee's first name and initial		Last name	
				Suff.	
<b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>1</b> Wages, tips, other compensation 38545.14		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld	
<b>3</b> Social security wages 38545.14		<b>3</b> Social security wages		<b>4</b> Social security tax withheld 2389.80	
<b>5</b> Medicare wages and tips 38545.14		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld 558.90	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
<b>13</b> Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>	
<b>14</b> Other (see instructions) CASDI 385.45		<b>14</b> Other (see instructions)		<b>12c</b>	
				<b>12d</b>	
<b>State Correction Information</b>					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>15</b> State CA		<b>15</b> State		<b>15</b> State	
Employer's state ID number 124-7932-5		Employer's state ID number		Employer's state ID number	
<b>16</b> State wages, tips, etc. 38545.14		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

Form **W-2c** (Rev. 12-2019)Corrected Wage and Tax Statement  
0000/1833Department of the Treasury  
Internal Revenue Service

<b>55555</b>	<b>a Tax year/Form corrected</b> 2020 / W-3c	<b>For Official Use Only ▶</b> OMB No. 1545-0008			
<b>b Employer's name, address, and ZIP code</b> ROGER T ODA 3746 LA CRESCENTA AVE GLENDALE, CA 91208		<b>c Kind of Payer (Check one)</b> 941/941-SS <input checked="" type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare gov't. emp. <input type="checkbox"/>		<b>Kind of Employer (Check one)</b> None apply <input checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal gov't. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/> (Check if applicable)
<b>d Number of Forms W-2c</b> 1	<b>e Employer's Federal EIN</b> 84-5151889	<b>f Establishment number</b>	<b>g Employer's state ID number</b>		
<b>Complete boxes h, i, or j only if incorrect on last form filed.</b>	<b>h Employer's originally reported Federal EIN</b>	<b>i Incorrect establishment number</b>	<b>j Employer's incorrect state ID number</b>		
<b>Total of amounts previously reported as shown on enclosed Forms W-2c.</b>	<b>Total of corrected amounts as shown on enclosed Forms W-2c.</b>	<b>Total of amounts previously reported as shown on enclosed Forms W-2c.</b>	<b>Total of corrected amounts as shown on enclosed Forms W-2c.</b>		
<b>1 Wages, tips, other compensation</b>	<b>1 Wages, tips, other compensation</b> 38545.14	<b>2 Federal income tax withheld</b>	<b>2 Federal income tax withheld</b> 0.00		
<b>3 Social security wages</b>	<b>3 Social security wages</b> 38545.14	<b>4 Social security tax withheld</b>	<b>4 Social security tax withheld</b> 2389.80		
<b>5 Medicare wages and tips</b>	<b>5 Medicare wages and tips</b> 38545.14	<b>6 Medicare tax withheld</b>	<b>6 Medicare tax withheld</b> 558.90		
<b>7 Social security tips</b>	<b>7 Social security tips</b> 0.00	<b>8 Allocated tips</b>	<b>8 Allocated tips</b> 0.00		
<b>9</b>	<b>9</b>	<b>10 Dependent care benefits</b>	<b>10 Dependent care benefits</b> 0.00		
<b>11 Nonqualified plans</b>	<b>11 Nonqualified plans</b> 0.00	<b>12a Deferred compensation</b>	<b>12a Deferred compensation</b> 0.00		
<b>14 Inc. tax w/h by third-party sick pay payer</b>	<b>14 Inc. tax w/h by third-party sick pay payer</b> 0.00	<b>12b</b>	<b>12b</b>		
<b>16 State wages, tips, etc.</b>	<b>16 State wages, tips, etc.</b> 38545.14	<b>17 State income tax</b>	<b>17 State income tax</b> 0.00		
<b>18 Local wages, tips, etc.</b>	<b>18 Local wages, tips, etc.</b> 0.00	<b>19 Local income tax</b>	<b>19 Local income tax</b> 0.00		
<b>Explain decreases here:</b>					
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," give date the return was filed ▶					
Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete.					
Signature ▶		Title ▶			
Date ▶ 11/30/2023					
Employer's contact person		Employer's telephone number			
		<b>For Official Use Only</b> <b>0000/1833</b>			
Employer's fax number		Employer's email address			

Form **W-3c** (Rev. 12-2019)  
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Department of the Treasury  
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**Direct Operations Center**  
**P.O. Box 3333**  
**Wilkes-Barre, PA 18767-3333**

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**Attn: W-2c Process**  
**1150 E. Mountain Drive**  
**Wilkes-Barre, PA 18702-7997**

44444

For Official Use Only ▶

OMB No. 1545-0008

<b>a</b> Employer's name, address, and ZIP code  ROGER T ODA 3746 LA CRESCENT AVE GLENDALE, CA 91208		<b>c</b> Tax year/Form corrected  2020 / W-2 c		<b>d</b> Employee's correct SSN  646-36-7345	
<b>b</b> Employer's Federal EIN 84-5151889		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>			
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b> ▶			
		<b>f</b> Employee's <b>previously reported</b> SSN			
		<b>g</b> Employee's <b>previously reported</b> name			
		<b>h</b> Employee's first name and initial		Last name	
				Suff.	
<b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation 38545.14		<b>2</b> Federal income tax withheld	
<b>3</b> Social security wages		<b>3</b> Social security wages 38545.14		<b>4</b> Social security tax withheld 2389.80	
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips 38545.14		<b>6</b> Medicare tax withheld 558.90	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
<b>13</b> Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory Employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions) CASDI 385.45		<b>12c</b>	
				<b>12d</b>	
<b>State Correction Information</b>					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>15</b> State		<b>15</b> State CA		<b>15</b> State	
Employer's state ID number		Employer's state ID number 124-7932-5		Employer's state ID number	
<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc. 38545.14		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name	

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Copy A—For Social Security Administration

Form **W-2c** (Rev. 12-2019)Corrected Wage and Tax Statement  
0000/1833Department of the Treasury  
Internal Revenue Service