55555	a Tax year/Form corrected 2022 / W- 2	For Official Use Only ▶ OMB No. 1545-0008

b Employer's name, address, and ZIP code
LAMBERTS FLOORING, INC
9301 OCOEE ST, 64
PO BOX 6725
OOLTEWAH, TN 37363

c Kind of Payer: 941/941-SS [x] Military [ ] 943 [ ] 944/944-SS [ ] CT-1 [ ] Hshld. emp. [ ] Medicare govt. emp. [ ]

Kind of Employer: None apply [x] 501c non-govt. [ ] State/local non-501c [ ] State/local 501c [ ] Federal govt. [ ]

Third-party sick pay [ ]

d Number of Forms W-2c	e Employer's Federal EIN	f Establishment number	g Employer's state ID number
2	84-4024133		TN
Complete boxes h, i, or j **only** if incorrect on last form filed.	h Employer's **originally reported** Federal EIN	i **Incorrect** establishment number	j Employer's **incorrect** state ID number

Total of amounts previously reported as shown on enclosed Forms W-2c.	Total of corrected amounts as shown on enclosed Forms W-2c.	Total of amounts previously reported as shown on enclosed Forms W-2c.	Total of corrected amounts as shown on enclosed Forms W-2c.
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld $11,264.77	2 Federal income tax withheld $2,945.26
3 Social security wages	3 Social security wages	4 Social security tax withheld $2,045.64	4 Social security tax withheld $2,808.33
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld $559.33	6 Medicare tax withheld $647.71
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9	9	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12a Deferred compensation	12a Deferred compensation
14 Inc. tax w/h by third-party sick pay payer	14 Inc. tax w/h by third-party sick pay payer	12b	12b
16 State wages, tips, etc.	16 State wages, tips, etc.	17 State income tax	17 State income tax
18 Local wages, tips, etc.	18 Local wages, tips, etc.	19 Local income tax	19 Local income tax

Explain decreases here:

Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? [ ] Yes [ ] 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.

Your Copy

Signature ▶ Title ▶ Date ▶

Employer's contact person	Employer's telephone number	For Official Use Only
DAVID COLLINS	423-482-9737 Ext.	
Employer's fax number	Employer's email address	
423-558-3274	DAVID@DCTAX.US	

Form **W-3c** (Rev. 11-2015)

Transmittal of Corrected Wage and Tax Statements

Department of the Treasury
Internal Revenue Service

Purpose of Form

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.

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was not submitted to the Social Security Administration. This copy of your W-2cs and W-3c is intended for review purposes. Once your employees have confirmed their accuracy, please remember to return to this site to submit the information to the Social Security Administration.

For Paperwork Reduction Act Notice, see separate instructions.

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363	**c** Tax year/Form corrected 2022 / **W-2**	**d** Employee's correct SSN *****0424
	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** SSN	
b Employer's Federal EIN 84-4024133	**g** Employee's **previously reported** name	
	h Employee's first name and initial CHRISTOPHER J.	Last name NEAL Suff.
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).	4153 BOB THOMPSON RD MARYVILLE, TN 37803 **i** Employee's address and ZIP code	

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $9,313.77	**2** Federal income tax withheld $1,815.41
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $1,288.45	**4** Social security tax withheld $1,927.02
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $388.76	**6** Medicare tax withheld $448.11
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Copy 1—State, City, or Local Tax Department

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** Department of the Treasury Internal Revenue Service

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363	**c** Tax year/Form corrected 2022 / **W-2** **d** Employee's correct SSN *****0424
	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** SSN
b Employer's Federal EIN 84-4024133	**g** Employee's **previously reported** name
	h Employee's first name and initial: CHRISTOPHER J. Last name: NEAL Suff. 4153 BOB THOMPSON RD MARYVILLE, TN 37803 **i** Employee's address and ZIP code

Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $9,313.77	**2** Federal income tax withheld $1,815.41
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $1,288.45	**4** Social security tax withheld $1,927.02
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $388.76	**6** Medicare tax withheld $448.11
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** Department of the Treasury Internal Revenue Service

4444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.

a Employer's name, address, and ZIP code

LAMBERTS FLOORING, INC
9301 OCOEE ST, 64
PO BOX 6725
OOLTEWAH, TN 37363

b Employer's Federal EIN 84-4024133

c Tax year/Form corrected: 2022 / **W-2**

d Employee's correct SSN: *****0424

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** SSN

g Employee's **previously reported** name

h Employee's first name and initial: CHRISTOPHER J.
Last name: NEAL
Suff.

i Employee's address and ZIP code
4153 BOB THOMPSON RD
MARYVILLE, TN 37803

Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $9,313.77	**2** Federal income tax withheld $1,815.41
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $1,288.45	**4** Social security tax withheld $1,927.02
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $388.76	**6** Medicare tax withheld $448.11
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** **Copy C—For EMPLOYEE's RECORDS**

Department of the Treasury Internal Revenue Service

Notice to Employee

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, W-2VI or W-2c) for the tax year shown in box c. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file Form 1040X, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If you have not filed your return for the year shown in box c, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363		**c** Tax year/Form corrected 2022 / **W-2**	**d** Employee's correct SSN *****0424
		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** SSN	
b Employer's Federal EIN 84-4024133		**g** Employee's **previously reported** name	
		h Employee's first name and initial CHRISTOPHER J.	Last name NEAL / Suff.
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		4153 BOB THOMPSON RD MARYVILLE, TN 37803 **i** Employee's address and ZIP code	

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $9,313.77	**2** Federal income tax withheld $1,815.41
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $1,288.45	**4** Social security tax withheld $1,927.02
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $388.76	**6** Medicare tax withheld $448.11
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Copy B—To Be Filed with Employee's FEDERAL Tax Return

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** Department of the Treasury Internal Revenue Service

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363	**c** Tax year/Form corrected 2022 / **W-2** **d** Employee's correct SSN *****0424 **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** SSN
b Employer's Federal EIN 84-4024133	**g** Employee's **previously reported** name
	h Employee's first name and initial: CHRISTOPHER J. Last name: NEAL Suff. 4153 BOB THOMPSON RD MARYVILLE, TN 37803 **i** Employee's address and ZIP code

Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $9,313.77	**2** Federal income tax withheld $1,815.41
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $1,288.45	**4** Social security tax withheld $1,927.02
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $388.76	**6** Medicare tax withheld $448.11
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** **Copy D—For Employer**
Department of the Treasury Internal Revenue Service

Employers, Please Note:

Specific information needed to complete Form W-2c is given in the separate *Instructions for Forms W-2c and W-3c.* You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov.* Electronic filing of Form W-2c is preferred. For information on how to file electronically, go to the Social Security Administration website at *www.socialsecurity.gov/employer.*

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was not submitted to the Social Security Administration. This copy of your W-2cs and W-3c is intended for review purposes. Once your employees have confirmed their accuracy, please remember to return to this site to submit the information to the Social Security Administration.

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363	**c** Tax year/Form corrected 2022 / **W-2**	**d** Employee's correct SSN *****3699
	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** SSN	
b Employer's Federal EIN 84-4024133	**g** Employee's **previously reported** name	
	h Employee's first name and initial JERRY C.	Last name SHEPHERD Suff.
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).	2904 DOMINION DR MARYVILLE, TN 37803 **i** Employee's address and ZIP code	

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $1,951.00	**2** Federal income tax withheld $1,129.85
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $757.19	**4** Social security tax withheld $881.31
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $170.57	**6** Medicare tax withheld $199.60
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Copy 1—State, City, or Local Tax Department

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** Department of the Treasury Internal Revenue Service

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363	**c** Tax year/Form corrected 2022 / **W-2**	**d** Employee's correct SSN *****3699
	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** SSN	
b Employer's Federal EIN 84-4024133	**g** Employee's **previously reported** name	
	h Employee's first name and initial: JERRY C.	Last name: SHEPHERD; Suff.
	2904 DOMINION DR MARYVILLE, TN 37803 **i** Employee's address and ZIP code	

Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $1,951.00	**2** Federal income tax withheld $1,129.85
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $757.19	**4** Social security tax withheld $881.31
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $170.57	**6** Medicare tax withheld $199.60
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** Department of the Treasury Internal Revenue Service

4444 | **For Official Use Only** OMB No. 1545-0008 | **Safe, accurate, FAST! Use** IRS e-file | Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code

LAMBERTS FLOORING, INC
9301 OCOEE ST, 64
PO BOX 6725
OOLTEWAH, TN 37363

b Employer's Federal EIN 84-4024133

c Tax year/Form corrected: 2022 / **W-2**

d Employee's correct SSN: *****3699

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** SSN

g Employee's **previously reported** name

h Employee's first name and initial: JERRY C. | Last name: SHEPHERD | Suff.

i Employee's address and ZIP code: 2904 DOMINION DR, MARYVILLE, TN 37803

Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $1,951.00	**2** Federal income tax withheld $1,129.85
3 Social security wages	**3** Social security wages	**4** Social security tax withheld $757.19	**4** Social security tax withheld $881.31
5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $170.57	**6** Medicare tax withheld $199.60
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** **Copy C—For EMPLOYEE's RECORDS**

Department of the Treasury Internal Revenue Service

Notice to Employee

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CM, W-2GU, W-2VI or W-2c) for the tax year shown in box c. If you have filed an income tax return for the year shown, you may have to file an amended return. Compare amounts on this form with those reported on your income tax return. If the corrected amounts change your U.S. income tax, file Form 1040X, Amended U.S. Individual Income Tax Return, with Copy B of this Form W-2c to amend the return you already filed.

If you have not filed your return for the year shown in box c, attach Copy B of the original Form W-2 you received from your employer and Copy B of this Form W-2c to your return when you file it.

For more information, contact your nearest Internal Revenue Service office. Employees in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363		**c** Tax year/Form corrected 2022 / **W-2**	**d** Employee's correct SSN *****3699
		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** SSN	
b Employer's Federal EIN 84-4024133		**g** Employee's **previously reported** name	
		h Employee's first name and initial JERRY C.	Last name SHEPHERD Suff.
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		2904 DOMINION DR MARYVILLE, TN 37803 **i** Employee's address and ZIP code	

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $1,951.00	**2** Federal income tax withheld $1,129.85
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5 Medicare wages and tips	**5** Medicare wages and tips	**6** Medicare tax withheld $170.57	**6** Medicare tax withheld $199.60
7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Copy B—To Be Filed with Employee's FEDERAL Tax Return

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** Department of the Treasury Internal Revenue Service

4444	**For Official Use Only** OMB No. 1545-0008	**Safe, accurate, FAST! Use**	Visit the IRS website at **www.irs.gov**.

a Employer's name, address, and ZIP code LAMBERTS FLOORING, INC 9301 OCOEE ST, 64 PO BOX 6725 OOLTEWAH, TN 37363	**c** Tax year/Form corrected 2022 / **W-2** **d** Employee's correct SSN *****3699 **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** SSN
b Employer's Federal EIN 84-4024133	**g** Employee's **previously reported** name
	h Employee's first name and initial: JERRY C. Last name: SHEPHERD Suff. 2904 DOMINION DR MARYVILLE, TN 37803 **i** Employee's address and ZIP code

Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation	**1** Wages, tips, other compensation	**2** Federal income tax withheld $1,951.00	**2** Federal income tax withheld $1,129.85
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7 Social security tips	**7** Social security tips	**8** Allocated tips	**8** Allocated tips
9	**9**	**10** Dependent care benefits	**10** Dependent care benefits
11 Nonqualified plans	**11** Nonqualified plans	**12a** See instructions for box 12 Code	**12a** See instructions for box 12 Code
13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**13** Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	**12b** Code	**12b** Code
14 Other (see instructions)	**14** Other (see instructions)	**12c** Code	**12c** Code
		12d Code	**12d** Code

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State	**15** State	**15** State	**15** State
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.	**16** State wages, tips, etc.
17 State income tax	**17** State income tax	**17** State income tax	**17** State income tax

Locality Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.	**18** Local wages, tips, etc.
19 Local income tax	**19** Local income tax	**19** Local income tax	**19** Local income tax
20 Locality name	**20** Locality name	**20** Locality name	**20** Locality name

Form **W-2c** (Rev. 8-2014) **Corrected Wage and Tax Statement** **Copy D—For Employer**
Department of the Treasury Internal Revenue Service

Employers, Please Note:

Specific information needed to complete Form W-2c is given in the separate *Instructions for Forms W-2c and W-3c.* You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at *www.irs.gov.* Electronic filing of Form W-2c is preferred. For information on how to file electronically, go to the Social Security Administration website at *www.socialsecurity.gov/employer.*

For employer records only!

Do not send this form to the Social Security Administration.

The information contained on this form was not submitted to the Social Security Administration. This copy of your W-2cs and W-3c is intended for review purposes. Once your employees have confirmed their accuracy, please remember to return to this site to submit the information to the Social Security Administration.