

| | | | |
|---|---|---|---|
| 44444 | For Official Use Only ▶ OMB No. 1545-0008 | | |
| a Employer's name, address, and ZIP code NORTHERN ILLINOIS UNIVERSITY 1515 W LINCOLN HWY 1515 W LINCOLN HWY DEKALB IL 60115 | | c Tax year/Form corrected 2014 / W-2 | d Employee's correct SSN [REDACTED] |
| | | e 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 previously filed ▶ | |
| | | f Employee's previously reported SSN | |
| | | g Employee's previously reported name | |
| | | h Employee's first name and initial KENNETH J | Last name WILSON |
| | | Suff. [REDACTED] | |
| Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6). | | | |
| Previously reported | | Correct information | |
| 1 Wages, tips, other compensation 145870.40 | 1 Wages, tips, other compensation 148620.40 | 2 Federal income tax withheld | 2 Federal income tax withheld |
| 3 Social security wages | 3 Social security wages | 4 Social security tax withheld | 4 Social security tax withheld |
| 5 Medicare wages and tips 145870.40 | 5 Medicare wages and tips 148620.40 | 6 Medicare tax withheld 2115.12 | 6 Medicare tax withheld 2155.00 |
| 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 | 12a See instructions for box 12 |
| 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 12b | 12b |
| 14 Other (see instructions) | 14 Other (see instructions) | 12c | 12c |
| | | 12d | 12d |
| State Correction Information | | | |
| Previously reported | | Correct information | |
| 15 State IL Employer's state ID number [REDACTED] | 15 State Employer's state ID number | 15 State Employer's state ID number | 15 State Employer's state ID number |
| 16 State wages, tips, etc. 145870.40 | 16 State wages, tips, etc. 148620.40 | 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 | |
| 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