

DO NOT CUT, FOLD OR STAPLE

a Tax year /Form corrected 2007 / W-3C		55555	For Official Use Only OMB No. 1545-0008			
b Employer's name, address, and ZIP code First Test LLC 68 Main Street Unit A5 Los Angeles, CA, 92100-5656			c Kind of Payer 941/941-SS Military 943 944/944-SS X CT-1 Hshld. emp. Medicare govt. emp. Third-party sick pay			
d Number of Forms W-2c 2	e Employer's Federal EIN 12-3456789	f Establishment number		g Employer's state ID number		
Complete boxes h, i, or j only if incorrect on last form filed	h Employer's incorrect 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 2123455.89	1 Wages, Tips, other compensation 10999998.00	2 Federal income tax withheld 108888.87	2 Federal income tax withheld 98887.99			
3 Social security wages 195000.00	3 Social security wages 195000.00	4 Social security tax withheld 12090.00	4 Social security tax withheld 12090.00			
5 Medicare wages and tips 2123455.89	5 Medicare wages and tips 10999998.00	6 Medicare tax withheld 157888.87	6 Medicare tax withheld 159499.98			
7 Social security tips 12345.00	7 Social security tips	8 Allocated tips 9999.00	8 Allocated tips 899.00			
9 Advance EIC payments	9 Advance EIC payments	10 Dependent care benefits 9500.00	10 Dependent care benefits 9500.00			
11 Nonqualified plans	11 Nonqualified plans	12a-d (Coded items)	12a-d (Coded items)			
14 Inc. tax W/H by 3rd party sick pay payer	14 Inc. tax W/H by 3rd party sick pay payer					
16 State wages, tips, etc. 2123455.89	16 State wages, tips, etc. 10999998.00	17 State income tax 15556.67	17 State income tax 31355.78			
18 Local wages, tips, etc. 1234567.89	18 Local wages, tips, etc. 9999999.00	19 Local income tax 789.90	19 Local income tax 789.90			
Expalin decreases here:						
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," give date the return was filed <input type="checkbox"/> 03/15/2008						
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 <input type="checkbox"/>		Title <input type="checkbox"/>		Date <input type="checkbox"/>		
Contact person		Telephone number		For Official Use Only 0000/1244		
E-mail address		Fax number				

Purpose of Form

Use this form to transmit Copy A of **Form(s) W-2c**, Corrected Wage and Tax Statement (Rev. 05-2006). 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 or social security number (SSN). See the separate Instructions for Forms W-2c and W-3c for information on completing this form.

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 or W-2VI. Also 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
Data 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
Data Operations Center
Attn: W-2c Process
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7977**