


4444	For Official Use Only OMB No. 1545-0029		
a Employer's name, address, and ZIP code UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089-0001		c Tax year/Form corrected 2024/ W-2	d Employee's correct SSN XXX-XX-3215
		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	
b Employer identification number (EIN) 95-1642394		g Employee's previously reported name	
		h Employee's first name and initial XUEWEI	Last name JIANG
		Suff. 12421 SANFORD ST LOS ANGELES, CA 90066	
Note: 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 <i>Specific Instructions for Form W-2c</i> , boxes 5 and 6.)		i Employee's address and ZIP code	
Previously reported		Correct information	
1 Wages, tips, other compensation 13,965.26	1 Wages, tips, other compensation 325,372.24	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	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
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 Employer's state ID number	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.	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	
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

4444	For Official Use Only OMB No. 1545-0029	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile .																																						
a Employer's name, address, and ZIP code UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY PARK LOS ANGELES, CA 90089-0001		c Tax year/Form corrected 2024/ W-2	d Employee's correct SSN XXX-XX-3215																																							
		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																																								
b Employer identification number (EIN) 95-1642394		g Employee's previously reported name																																								
Note: 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 <i>Specific Instructions for Form W-2c</i> , boxes 5 and 6.)		h Employee's first name and initial XUEWEI	Last name JIANG	Suff.																																						
		12421 SANFORD ST LOS ANGELES, CA 90066																																								
i Employee's address and ZIP code																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>1 Wages, tips, other compensation 13,965.26</td> <td>1 Wages, tips, other compensation 325,372.24</td> </tr> <tr> <td>3 Social security wages</td> <td>3 Social security wages</td> </tr> <tr> <td>5 Medicare wages and tips</td> <td>5 Medicare wages and tips</td> </tr> <tr> <td>7 Social security tips</td> <td>7 Social security tips</td> </tr> <tr> <td>9</td> <td>9</td> </tr> <tr> <td>11 Nonqualified plans</td> <td>11 Nonqualified plans</td> </tr> <tr> <td> 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> </td> <td> 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> </td> </tr> <tr> <td>14 Other (see instructions)</td> <td>14 Other (see instructions)</td> </tr> </tbody> </table>		Previously reported	Correct information	1 Wages, tips, other compensation 13,965.26	1 Wages, tips, other compensation 325,372.24	3 Social security wages	3 Social security wages	5 Medicare wages and tips	5 Medicare wages and tips	7 Social security tips	7 Social security tips	9	9	11 Nonqualified plans	11 Nonqualified plans	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"/>	14 Other (see instructions)	14 Other (see instructions)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>2 Federal income tax withheld</td> <td>2 Federal income tax withheld</td> </tr> <tr> <td>4 Social security tax withheld</td> <td>4 Social security tax withheld</td> </tr> <tr> <td>6 Medicare tax withheld</td> <td>6 Medicare tax withheld</td> </tr> <tr> <td>8 Allocated tips</td> <td>8 Allocated tips</td> </tr> <tr> <td>10 Dependent care benefits</td> <td>10 Dependent care benefits</td> </tr> <tr> <td>12a See instructions for box 12</td> <td>12a See instructions for box 12</td> </tr> <tr> <td>12b</td> <td>12b</td> </tr> <tr> <td>12c</td> <td>12c</td> </tr> <tr> <td>12d</td> <td>12d</td> </tr> </tbody> </table>			Previously reported	Correct information	2 Federal income tax withheld	2 Federal income tax withheld	4 Social security tax withheld	4 Social security tax withheld	6 Medicare tax withheld	6 Medicare tax withheld	8 Allocated tips	8 Allocated tips	10 Dependent care benefits	10 Dependent care benefits	12a See instructions for box 12	12a See instructions for box 12	12b	12b	12c	12c	12d	12d
Previously reported	Correct information																																									
1 Wages, tips, other compensation 13,965.26	1 Wages, tips, other compensation 325,372.24																																									
3 Social security wages	3 Social security wages																																									
5 Medicare wages and tips	5 Medicare wages and tips																																									
7 Social security tips	7 Social security tips																																									
9	9																																									
11 Nonqualified plans	11 Nonqualified plans																																									
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"/>																																									
14 Other (see instructions)	14 Other (see instructions)																																									
Previously reported	Correct information																																									
2 Federal income tax withheld	2 Federal income tax withheld																																									
4 Social security tax withheld	4 Social security tax withheld																																									
6 Medicare tax withheld	6 Medicare tax withheld																																									
8 Allocated tips	8 Allocated tips																																									
10 Dependent care benefits	10 Dependent care benefits																																									
12a See instructions for box 12	12a See instructions for box 12																																									
12b	12b																																									
12c	12c																																									
12d	12d																																									
State Correction Information																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>15 State Employer's state ID number</td> <td>15 State Employer's state ID number</td> </tr> <tr> <td>16 State wages, tips, etc.</td> <td>16 State wages, tips, etc.</td> </tr> <tr> <td>17 State income tax</td> <td>17 State income tax</td> </tr> </tbody> </table>		Previously reported	Correct information	15 State Employer's state ID number	15 State Employer's state ID number	16 State wages, tips, etc.	16 State wages, tips, etc.	17 State income tax	17 State income tax	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>15 State Employer's state ID number</td> <td>15 State Employer's state ID number</td> </tr> <tr> <td>16 State wages, tips, etc.</td> <td>16 State wages, tips, etc.</td> </tr> <tr> <td>17 State income tax</td> <td>17 State income tax</td> </tr> </tbody> </table>			Previously reported	Correct information	15 State Employer's state ID number	15 State Employer's state ID number	16 State wages, tips, etc.	16 State wages, tips, etc.	17 State income tax	17 State income tax																						
Previously reported	Correct information																																									
15 State Employer's state ID number	15 State Employer's state ID number																																									
16 State wages, tips, etc.	16 State wages, tips, etc.																																									
17 State income tax	17 State income tax																																									
Previously reported	Correct information																																									
15 State Employer's state ID number	15 State Employer's state ID number																																									
16 State wages, tips, etc.	16 State wages, tips, etc.																																									
17 State income tax	17 State income tax																																									
Locality Correction Information																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>18 Local wages, tips, etc.</td> <td>18 Local wages, tips, etc.</td> </tr> <tr> <td>19 Local income tax</td> <td>19 Local income tax</td> </tr> <tr> <td>20 Locality name</td> <td>20 Locality name</td> </tr> </tbody> </table>		Previously reported	Correct information	18 Local wages, tips, etc.	18 Local wages, tips, etc.	19 Local income tax	19 Local income tax	20 Locality name	20 Locality name	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Previously reported</th> <th style="width:50%;">Correct information</th> </tr> </thead> <tbody> <tr> <td>18 Local wages, tips, etc.</td> <td>18 Local wages, tips, etc.</td> </tr> <tr> <td>19 Local income tax</td> <td>19 Local income tax</td> </tr> <tr> <td>20 Locality name</td> <td>20 Locality name</td> </tr> </tbody> </table>			Previously reported	Correct information	18 Local wages, tips, etc.	18 Local wages, tips, etc.	19 Local income tax	19 Local income tax	20 Locality name	20 Locality name																						
Previously reported	Correct information																																									
18 Local wages, tips, etc.	18 Local wages, tips, etc.																																									
19 Local income tax	19 Local income tax																																									
20 Locality name	20 Locality name																																									
Previously reported	Correct information																																									
18 Local wages, tips, etc.	18 Local wages, tips, etc.																																									
19 Local income tax	19 Local income tax																																									
20 Locality name	20 Locality name																																									

Copy C – For EMPLOYEE'S RECORDS

Notice to Employee

This is a corrected Form W-2 (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 1040-X with Copy B of this Form W-2c to amend the return you already filed.

If there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959. Attach an original or amended Form 8959 to Form 1040 or 1040-X, as applicable.

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, the Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

Future developments. For the latest information about Form W-2c and its instructions, such as legislation enacted after we release them, go to www.irs.gov/FormW2c.