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		c Tax year/Form corrected	d Employee's correct SSN	
TECHNOVIS	ION SOLUTION	LLC		
38345 W 10 MILE RD., # 130		2020 / W-2	715-81-0769	
FARMINGTON HILLS MI 48335		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 47-3051043			g Employee's previously reported name	
			h Employee's first name and initial SHAILENDRA	Last name Suff. BANDARI
			33 WHITAKER DR.	
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 Specific Instructions for Form W-2c, boxes 5 and 6).			COHOES i Employee's address and ZIP code	NY 12047
Previously reported		Correct information	Previously reported	Correct information
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
	109673.30	118825.30	18671.00	
3 Social securi	ty wages 109673.30	3 Social security wages 118825.30	4 Social security tax withheld 6799.74	4 Social security tax withheld 7367.17
5 Medicare wa	ges and tips 109673.30	5 Medicare wages and tips 118825.30	6 Medicare tax withheld 1590.26	6 Medicare tax withheld 1722.97
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 Retirement Third-party employee plan sick pay		13 Statutory Retirement Third-party employee plan sick pay		
14 Other (see ins	structions) 31.20	14 Other (see instructions)NY-SDI31.20	12c	12c
NY-FLI	196.72	NY-FLI 196.72	12d c	12d
			o d e	o d e
		State Correction	I Information	
Previou	Isly reported	Correct information	Previously reported	Correct information
15 State		15 State	15 State	15 State
NY Employer's state ID number 473051043		NY Employer's state ID number 473051043	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc. 109673.30		16 State wages, tips, etc. 118825.30	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income	tax 5923.96	17 State income tax 6432.67	17 State income tax	17 State income tax
		Locality Correct	ion 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	9	20 Locality name	20 Locality name	20 Locality name

REV 01/19/21 QBDT

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