44444	For Official Use Only	>	Safe, accurate, FAST! Use	IRS A	tle •	Visit the IRS website at www.irs.gov.	
a Employer's nar	OMB No. 1545-0008 me, address, and ZIP cod	No.	c Tax year/Form corrected		d Employe	ee's correct SSN	
a Lilipioyei silai	me, address, and zir cod	1C	C Tax year/1 offit corrected		u Lilipioye	se s correct son	
TECHIE BRAINS INCORPORATED			2020 / W-2 732-51-0950				
3060 SHEPA	ARD RD		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 incor	rect on forn	previously filed >	
NORMAL IL	61761		f Employee's previously reported SSN				
b Employer's Federal EIN 45-4925316			g Employee's previously reported name				
			h Employee's first name ar	nd initial	Last name	Suff.	
			VARUN		MENDU		
			6033 MERLOT LANE SE	=			
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).			LACEY WA 98513 i Employee's address and ZIP code				
Previou	sly reported	Correct information	Previously repo	orted	Correct information		
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federa	Il income tax withheld	
108965.52			18090.66				
Social securit	ty wages	3 Social security wages	4 Social security tax with	held	4 Social	security tax withheld	
108965.52			6755.86				
5 Medicare wages and tips		5 Medicare wages and tips	6 Medicare tax withheld		6 Medicare tax withheld		
108965.52	hy tino	7 Cocial acquirity tipe	1580.00		O Allocat	and time	
7 Social securit	ly lips	7 Social security tips	8 Allocated tips		8 Allocat	ed tips	
9		9	10 Dependent care benefit	:S	10 Depen	dent care benefits	
11 Nonqualified	11 Nonqualified plans 11 Nonqualified plans		12a See instructions for box	(12	12a See ins	structions for box 12	
13 Statutory employee plan	irement Third-party	13 Statutory Retirement Third-party sick pay	12b		12b		
14 Other (see ins	tructions)	14 Other (see instructions)	12c		12c		
WAPFL 13	39.63		o d e		o d e		
WAPML 125.67			12d ○		12d		
			o d e		o d e		
		State Correction	n Information				
Previou	sly reported	Correct information	Previously repo	orted	Cor	rect information	
15 State	oly roportou	15 State	15 State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15 State		
MN		WA					
Employer's sta	mployer's state ID number Employer's state ID number		Employer's state ID num	ber	Employ	er's state ID number	
4900504	900504 851-631-008						
16 State wages, tips, etc. 16 State wag		16 State wages, tips, etc.	16 State wages, tips, etc. 16 State wages, tips, etc.		ages, tips, etc.		
4224.00							
17 State income	tax	17 State income tax	17 State income tax		17 State income tax		
186.05 Locality Correction			ion Information				
Previously reported Correct information			Previously reported Correct information			rect information	
3 11 3		18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local wages, tips, etc.		
19 Local income	tax	19 Local income tax	Local income tax 19 Local income tax 19 Local income tax		ncome tax		
20 Locality name		20 Locality name	20 Locality name		20 Locality	/ name	

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a Employer's na	me, address, and ZIP cod	10	c Tax year/Form corrected		d Employ	ree's correct SSN	
a Employer small	me, address, and zir coc		u Employee's correct 35N			CC 3 0011CC1 0014	
TECHIE BRAINS INCORPORATED			2020 / w-2 732-51-0950				
3060 SHEP	ARD RD		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 incor	rect on forn	n previously filed >	
NORMAL IL 61761			f Employee's previously reported SSN				
b Employer's Federal EIN 45-4925316			g Employee's previously reported name				
			h Employee's first name an	d initial	Last name		Suff.
			VARUN	ARUN MENDU			
			6033 MERLOT LANE SE				
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).			LACEY WA 98513 i Employee's address and ZIP code				
Previou	sly reported	Correct information	Previously repo	orted Correct information			
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federa	2 Federal income tax withheld	
108965.52			18090.66				
3 Social securit	ty wages	3 Social security wages	4 Social security tax with	4 Social security tax withheld 4 Social security tax v		security tax withheld	
108965.52			6755.86				
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld			are tax withheld	
108965.52			1580.00				
7 Social securit	ty tips	7 Social security tips	8 Allocated tips		8 Allocat	ted tips	
9		9	10 Dependent care benefit	s	10 Depen	ndent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	: 12	12a See ins	structions for box 12	
13 Statutory employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b		12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c		
WAPFL 13	39.63		C o d e		C od e		
	25.67		12d		12d		
			o d e		C o d e		
		State Correction					
	sly reported	Correct information	Previously repo	rtea		rrect information	
15 State MN		15 State WA	15 State		15 State		
	ate ID number	Employer's state ID number	Employer's state ID num	her	Employ	yer's state ID number	
4900504		851-631-008	Zimpioyor o otato iz mam		Employer o state in number		
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State v	vages, tips, etc.	
4224.00	•						
17 State income	tax	17 State income tax	17 State income tax		17 State in	ncome tax	
186.05							
Locality Correction Information							
Previou	sly reported	Correct information	Previously repo	rted	Cor	rrect information	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local w	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	y name	

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 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, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, 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, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

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			c Tax year/Form corrected	d Employee's correct SSN		
TECHIE BRAINS INCORPORATED			2020 / W-2	732-51-0950		
3060 SHEPARD RD			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			
NORMAL IL 61761			f Employee's previously reported SSN			
b Employer's Fe	deral EIN 45-4925316		g Employee's previously reported name			
			h Employee's first name and initial VARUN 6033 MERLOT LANE SE	Last name Suff. MENDU		
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).						
Previou	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, of 108965.52	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld 18090.66	2 Federal income tax withheld		
3 Social securit 108965.52	ty wages	3 Social security wages	4 Social security tax withheld 6755.86	4 Social security tax withheld		
5 Medicare was 108965.52	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld 1580.00	6 Medicare tax withheld		
7 Social securit	ty 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 plan	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b		
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c		
	25.67		12d	12d		
		Ctata Cayyaatia	Information			
Previou	sly reported	State Correction Correct information	Previously reported	Correct information		
15 State	isiy reported	15 State	15 State	15 State		
MN		WA				
Employer's sta 4900504	ate ID number	Employer's state ID number 851-631-008	Employer's state ID number	Employer's state ID number		
16 State wages, 4224.00	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income 186.05	tax	17 State income tax	17 State income tax	17 State income tax		
		Locality Correct				
	sly reported	Correct information	Previously reported	Correct information		
18 Local wages,		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		

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a Employer's na	me, address, and ZIP co	de	c Tax year/Form corrected	d Employee's correct SSN			
a Employer's frame, address, and zir code			, , , , , , , , , , , , , , , , , , , ,				
TECHIE BRAINS INCORPORATED			2020 / W-2	732-51-0950			
3060 SHEPARD RD			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			
NORMAL IL	. 61761		f Employee's previously reported SSN				
b Employer's Fe	deral EIN		g Employee's previously reported nam	e			
	45-4925316	;	1				
			h Employee's first name and initial VARUN	Last name Suff. MENDU			
			6033 MERLOT LANE SE				
corrections invo	olving MQGÉ, see the	nat are being corrected (exception: for General Instructions for W-2 and W-3 W-2c, boxes 5 and 6).	LACEY WA 98513 i Employee's address and ZIP code				
	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, of 108965.52	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld 18090.66	2 Federal income tax withheld			
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
108965.52			6755.86				
5 Medicare wag 108965.52	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld 1580.00	6 Medicare tax withheld			
7 Social securit	ty 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 Plan	rirement Third-party n sick pay	13 Statutory employee Retirement Third-party sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
WAPFL 1	39.63		o d	C od d e			
WAPML 1	125.67		12d	12d			
			e	e			
		State Correction	on Information				
Previou	sly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
MN Employer's sta 4900504	ate ID number	Employer's state ID number 851-631-008	Employer's state ID number	Employer's state ID number			
16 State wages, 4224.00	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.			
17 State income 186.05	tax	17 State income tax	17 State income tax	17 State income tax			
		Locality Correct	ion Information	<u> </u>			
Previou	sly 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			

Employers, Please Note:

Specific information needed to complete Form W-2c is given in the separate General Instructions for Forms W-2 and W-3, under *Specific Instructions for Form W-2c*. 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*.

E-filing. If you file 250 or more Form(s) W-2c, you must file electronically. Even if you are not required to file electronically, doing so can save you time and effort. Employers may now use the SSA's W-2 Online service to create, save, print and submit up to 50 Form(s) W-2c at a time over the Internet. When you e-file with the SSA, no separate Form W-3c filing is required. An electronic Form W-3c will be created for you by the W-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at www.socialsecurity.gov/employer.