



4444	<b>For Official Use Only ▶</b> OMB No. 1545-0008	<b>Safe, accurate, FAST! Use</b>		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .			
<b>a</b> Employer's name, address, and ZIP code  TECHIE BRAINS INCORPORATED  3060 SHEPARD RD  NORMAL IL 61761		<b>c</b> Tax year/Form corrected  2020 / <b>W-2</b>		<b>d</b> Employee's correct SSN  732-51-0950			
		<b>e</b> 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 <b>previously filed ▶</b>					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  45-4925316		<b>g</b> Employee's <b>previously reported</b> name					
		<b>h</b> Employee's first name and initial  VARUN	Last name  MENDU	Suff.  			
		6033 MERLOT LANE SE  LACEY WA 98513 <b>i</b> Employee's address and ZIP code					
<b>Note.</b> 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).							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation 108965.52		1 Wages, tips, other compensation		2 Federal income tax withheld 18090.66		2 Federal income tax withheld	
3 Social security wages 108965.52		3 Social security wages		4 Social security tax withheld 6755.86		4 Social security tax withheld	
5 Medicare wages and tips 108965.52		5 Medicare wages and tips		6 Medicare tax withheld 1580.00		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) WAPFL 139.63 WAPML 125.67		14 Other (see instructions)		12c		12c	
				12d		12d	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
15 State MN		15 State WA		15 State		15 State	
Employer's state ID number 4900504		Employer's state ID number 851-631-008		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 4224.00		16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 186.05		17 State income tax		17 State income tax		17 State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
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 B—To Be Filed with Employee's FEDERAL Tax Return**

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<b>a</b> Employer's name, address, and ZIP code  TECHIE BRAINS INCORPORATED  3060 SHEPARD RD  NORMAL IL 61761		<b>c</b> Tax year/Form corrected  2020 / W-2		<b>d</b> Employee's correct SSN  732-51-0950			
		<b>e</b> 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 <b>previously filed ▶</b>					
		<b>f</b> Employee's <b>previously reported</b> SSN					
		<b>g</b> Employee's <b>previously reported</b> name					
<b>b</b> Employer's Federal EIN  45-4925316		<b>h</b> Employee's first name and initial  VARUN		Last name  MENDU			
		Suff.  6033 MERLOT LANE SE					
		LACEY WA 98513					
<b>Note.</b> 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).		<b>i</b> Employee's address and ZIP code					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation 108965.52		1 Wages, tips, other compensation		2 Federal income tax withheld 18090.66		2 Federal income tax withheld	
3 Social security wages 108965.52		3 Social security wages		4 Social security tax withheld 6755.86		4 Social security tax withheld	
5 Medicare wages and tips 108965.52		5 Medicare wages and tips		6 Medicare tax withheld 1580.00		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) WAPFL 139.63 WAPML 125.67		14 Other (see instructions)		12c		12c	
				12d		12d	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
15 State MN		15 State WA		15 State		15 State	
Employer's state ID number 4900504		Employer's state ID number 851-631-008		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 4224.00		16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 186.05		17 State income tax		17 State income tax		17 State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
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 C—For EMPLOYEE's RECORDS**

## 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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		<b>e</b> 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 <b>previously filed ▶</b>			
		<b>f</b> Employee's <b>previously reported</b> SSN			
<b>b</b> Employer's Federal EIN  45-4925316		<b>g</b> Employee's <b>previously reported</b> name			
<b>Note.</b> 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).		<b>h</b> Employee's first name and initial VARUN		Last name MENDU	Suff.
		6033 MERLOT LANE SE  LACEY WA 98513 <b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>1</b> Wages, tips, other compensation 108965.52		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld 18090.66	
<b>3</b> Social security wages 108965.52		<b>3</b> Social security wages		<b>4</b> Social security tax withheld 6755.86	
<b>5</b> Medicare wages and tips 108965.52		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld 1580.00	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips	
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>	
<b>14</b> Other (see instructions) WAPFL 139.63 WAPML 125.67		<b>14</b> Other (see instructions)		<b>12c</b>	
				<b>12d</b>	
<b>State Correction Information</b>					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>15</b> State MN		<b>15</b> State WA		<b>15</b> State	
Employer's state ID number 4900504		Employer's state ID number 851-631-008		Employer's state ID number	
<b>16</b> State wages, tips, etc. 4224.00		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax 186.05		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name	

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return

4444		<b>For Official Use Only ▶</b> OMB No. 1545-0008	
<b>a</b> Employer's name, address, and ZIP code  TECHIE BRAINS INCORPORATED  3060 SHEPARD RD  NORMAL IL 61761		<b>c</b> Tax year/Form corrected  2020 / <b>W-2</b>	<b>d</b> Employee's correct SSN  732-51-0950
		<b>e</b> 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 <b>previously filed ▶</b>	
<b>b</b> Employer's Federal EIN  45-4925316		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>g</b> Employee's <b>previously reported</b> name		<b>h</b> Employee's first name and initial VARUN	Last name MENDU
		Suff. 6033 MERLOT LANE SE  LACEY WA 98513	
<b>i</b> Employee's address and ZIP code			
<b>Note.</b> 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).			
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation 108965.52		<b>1</b> Wages, tips, other compensation	
<b>3</b> Social security wages 108965.52		<b>3</b> Social security wages	
<b>5</b> Medicare wages and tips 108965.52		<b>5</b> Medicare wages and tips	
<b>7</b> Social security tips		<b>7</b> Social security tips	
<b>9</b>		<b>9</b>	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans	
<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>14</b> Other (see instructions) WAPFL 139.63 WAPML 125.67		<b>14</b> Other (see instructions)	
		<b>12a</b> See instructions for box 12	
		<b>12b</b>	
		<b>12c</b>	
		<b>12d</b>	
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State MN		<b>15</b> State WA	
Employer's state ID number 4900504		Employer's state ID number 851-631-008	
<b>16</b> State wages, tips, etc. 4224.00		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax 186.05		<b>17</b> State income tax	
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name	

**Copy D—For Employer**

## **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](http://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](http://www.socialsecurity.gov/employer).