

Pennsylvania SUI/Wage Late and Amended Return Filing - TP0117

Complete this form to have Taxpay file a Pennsylvania Return.

Submitter Information

- Corporate
- Field

Client Information

Office Id	Client Id	Employer Name (57 character maximum)
0944	18122265	NEBULA PARTNERS

FEIN (#####)

Advantage Client

Employer UI Account Number (#####)

(Enter the employer UC Account Number without hyphens, no R or M indicators and no check digits. Do not drop the leading zero, if applicable.)

Return Information

Is this an original or amended return?

- Original
- Amended

For an Amended correction report, enter information only for those employee records that need to be amended. Provide the corrected UC gross wages and credit weeks values that should now be reflected in the Pennsylvania system. The employer records must still reflect the total number of all employees for the *entire* quarter, **not just for those employee records that you are amending.**

Quarter	Year (####):
<input type="text" value="3"/> ▼	<input type="text" value="2019"/>

Summary Information

Enter the total quarterly gross wages subject to state UC tax. Include all tip income.	Enter the employee's quarterly taxable wages subject to unemployment taxes.	Enter employee withholding due (Gross wages multiplied by the employee withholding rate).	Enter employer contributions due (taxable wages multiplied by employer PA contribution rate).	Enter number of covered employees who worked or received pay for the pay period including the 12th day of the:
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Gross Wages	Taxable Wages	Employee Withholding	Employer Contributions	1st Month	2nd Month	3rd Month
\$40,479.92	\$12,032.00	\$24.29	\$443.86	1	2	0

Uncheck this box if there are no employee wages to report:

- Employee Wages to Report

Uncheck this box if there are more than 150 employee wages to report:

- 150 or Fewer Employee Wages to Report

Is this a Same FEIN client?

Please enter all Child Client IDs for the Same FEIN client here:

Employee Detail

*If correcting an employee's SSN, just enter the correct employee SSN, name, and wages to replace the original submission.

SS Number* (#####)	Last Name	First Name	Middle Name/ Initial	Gross Wages	Taxable Wages	# of weeks in which \$100 or more was earned Credit Weeks
781104471	MITTAPALLY	SWAPNIKA		\$16,622.00		6 <input type="button" value="v"/>

Insert employee

Number of Employees Reported: 1

Total Gross Wages for Quarter: \$16,622.00

Total Taxable Wages for Quarter: \$0.00

Reference copy prepared by Paychex

1.0.0.779 TP0117 4/08/2016

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0944	18122265	NEBULA PARTNERS LLC

FEIN (#####)

Advantage Client

Employer UI Account Number (#####)

(Enter the employer UC Account Number without hyphens, no R or M indicators and no check digits. Do not drop the leading zero, if applicable.)

Return Information

Is this an original or amended return?

- Original
- Amended

For an Amended correction report, enter information only for those employee records that need to be amended. Provide the corrected UC gross wages and credit weeks values that should now be reflected in the Pennsylvania system. The employer records must still reflect the total number of all employees for the *entire* quarter, **not just for those employee records that you are amending.**

Quarter Year (####):

Summary Information

Enter the total quarterly gross wages subject to state UC tax. Include all tip income.	Enter the employee's quarterly taxable wages subject to unemployment taxes.	Enter employee withholding due (Gross wages multiplied by the employee withholding rate).	Enter employer contributions due (taxable wages multiplied by employer PA contribution rate).	Enter number of covered employees who worked or received pay for the pay period including the 12th day of the:
--	---	---	---	--

Gross Wages	Taxable Wages	Employee Withholding	Employer Contributions	1st Month	2nd Month	3rd Month
\$46,046.16	\$0.00	\$27.63	\$0.00	2	2	2

Uncheck this box if there are no employee wages to report:

- Employee Wages to Report

Uncheck this box if there are more than 150 employee wages to report:

- 150 or Fewer Employee Wages to Report

Is this a Same FEIN client?

Please enter all Child Client IDs for the Same FEIN client here:

Employee Detail

*If correcting an employee's SSN, just enter the correct employee SSN, name, and wages to replace the original submission.

SS Number* (#####)	Last Name	First Name	Middle Name/ Initial	Gross Wages	Taxable Wages	# of weeks in which \$100 or more was earned Credit Weeks
781104471	MITTAPALLY	SWAPNIKA		\$23,250.00		13 <input type="button" value="v"/>

Insert employee

Number of Employees Reported: 1
Total Gross Wages for Quarter: \$23,250.00
Total Taxable Wages for Quarter: \$0.00

Reference copy prepared by Paychex

1.0.0.779 TP0117 4/08/2016

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code NEBULA PARTNERS LLC 5755 N POINT PKWY BLDG 38 STE ALPHARETTA, GA 30022	c Tax year/Form corrected 2020 / W-2 C	d Employee's correct SSN 781-10-4471	
	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 782-10-4472		
b Employer's Federal EIN 45-2481302	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 Specific Instructions for Form W-2c, boxes 5 and 6).	h Employee's first name and initial SWAPNIKA	Last name MITTAPALLY	Suff.
	i Employee's address and ZIP code 27 E CENTRAL AVE APT B6 PAOLI PA 19301		
Previously reported		Correct information	
1 Wages, tips, other compensation	1 Wages, tips, other compensation	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	15 State	15 State	15 State
Employer's state ID number	Employer's state ID number	Employer's state ID number	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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

DO NOT CUT, FOLD, OR STAPLE

55555		a Tax year/Form corrected 2020 / W-3C		For Official Use Only ▶ OMB No. 1545-0008				
b Employer's name, address, and ZIP code NEBULA PARTNERS LLC 5755 N POINT PKWY BLDG 38 STE ALPHARETTA, GA 30022			c Kind of Payer (Check one) 941/941-SS <input checked="" type="checkbox"/> Military <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> CT-1 <input type="checkbox"/> Hshld. emp. <input type="checkbox"/> Medicare govt. emp. <input type="checkbox"/>			Kind of Employer (Check one) None apply <input checked="" type="checkbox"/> 501c non-govt. <input type="checkbox"/> State/local non-501c <input type="checkbox"/> State/local 501c <input type="checkbox"/> Federal govt. <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/> (Check if applicable)
d Number of Forms W-2c 1		e Employer's Federal EIN 45-2481302		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 originally reported 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		1 Wages, tips, other compensation		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 Deferred compensation		12a Deferred compensation		
14 Inc. tax w/h by third-party sick pay payer		14 Inc. tax w/h by third-party sick pay payer		12b		12b		
16 State wages, tips, etc.		16 State wages, tips, etc.		17 State income tax		17 State income tax		
18 Local wages, tips, etc.		18 Local wages, tips, etc.		19 Local income tax		19 Local income tax		
Explain decreases here:								
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," give date the return was filed ▶								
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 ▶		Reference copy prepared by Paychex			Title ▶		Date ▶ 01/31/21	
Employer's contact person				Employer's telephone number		For Official Use Only 0000/1034		
Employer's fax number				Employer's email address				

Form **W-3c** (Rev. 11-2015)

Transmittal of Corrected Wage and Tax Statements

Department of the Treasury
Internal Revenue Service
38-2099803

Purpose of Form

Use this form to transmit Copy A of the most recent version of **Form(s) W-2c**, Corrected Wage and Tax Statement. 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 and social security number (SSN) or the employer identification number (EIN). See the General Instructions for Forms W-2 and W-3 for information on completing this form.

E-Filing

The SSA strongly suggests employers report Form W-3c and Forms W-2c Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- **W-2c Online.** Use fill-in forms to create, save, print, and submit up to 25 Forms W-2c at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2c Electronically (EFW2C)*.

For more information, go to www.socialsecurity.gov/employer. First time filers, select "Go to Register"; returning filers select "Go To Log In."

For Paperwork Reduction Act Notice, see separate instructions.

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, W-2VI, or W-2c. 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 18702-7997**