


44444	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 TECHNOVISION SOLUTION LLC 38345 W 10 MILE RD., # 130 FARMINGTON HILLS MI 48335		c Tax year/Form corrected 2020 / W-2		d Employee's correct SSN 780-01-8986			
		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's Federal EIN 47-3051043		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 RAVI TEJA		Last name TATINENI			
		2347 DUNCAN DR, # 11					
		FAIRBORN OH 45324		i Employee's address and ZIP code			
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 86199.20		1 Wages, tips, other compensation 93322.40		2 Federal income tax withheld 13937.00		2 Federal income tax withheld 15077.00	
3 Social security wages 86199.20		3 Social security wages 93322.40		4 Social security tax withheld 5344.35		4 Social security tax withheld 5785.99	
5 Medicare wages and tips 86199.20		5 Medicare wages and tips 93322.40		6 Medicare tax withheld 1249.89		6 Medicare tax withheld 1353.17	
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		Previously reported		Correct information	
15 State OH		15 State OH		15 State		15 State	
Employer's state ID number 54 092201		Employer's state ID number 54 092201		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 86199.20		16 State wages, tips, etc. 93322.40		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 2632.57		17 State income tax 2849.37		17 State income tax		17 State income tax	
Locality Correction 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		20 Locality name		20 Locality name		20 Locality name	