44444	For Official Use Onl OMB No. 1545-0008	•						
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN				
REGENTS OF THE UNIVERSITY OF MICHIGAN			2019 / W-2	064-51-0693				
	ATE STREET G3		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)					
ANN ARBOR, MI 48109-1279			Complete boxes f and/or g only if incorrect on form previously filed f Employee's previously reported SSN					
b Employer's Fe 38-600630			g Employee's previously reported name					
			h Employee's first name and initial PAVAN KUMAR REDDY	Last name Suff. BASIREDDY				
			63-10, 2124 FOX HILL D	R				
corrections inv	olving MQGE, see the	hat are being corrected (exception: for e General Instructions for Forms W-2 s for Form W-2c, boxes 5 and 6).	GRAND BLANC, MI 48439					
	•	Correct information	i Employee's address and ZIP code	Correct information				
	usly reported	1 Wages, tips, other compensation	Previously reported Federal income tax withheld	2 Federal income tax withheld				
••••	·							
3 Social securi	ity 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 securi	ity 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 Re employee pla	tirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b				
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c				
			12d	12d				
		State Correction	 on Information	ê				
Previou	usly reported	Correct information	Previously reported	Correct information				
15 State		15 State	15 State	15 State				
Employer's st	tate 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 Correct	ion Information	1				
Previously reported Correct information		Previously reported	Correct information					
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	B 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	e	20 Locality name	20 Locality name	20 Locality name				

Copy 1—State, City, or Local Tax Department

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a Employer's name, address, and ZIP code			c Tax year/Form corrected		d Employee's correct SSN		
REGENTS OF THE UNIVERSITY OF MICHIGAN			2019 / W-2		064-51-0693		
3003 S STATE STREET G395			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
ANN ARBOR, MI 48109-1279			Complete boxes f and/or g only if incorrect on form previously filed				
		f Employee's previously reported SSN 064-31-0693					
b Employer's Fe 38-600630		g Employee's previously reported name					
			h Employee's first name an PAVAN KUMAR REI		Last name BASIRI		
			63-10, 2124 FOX HILL DR				
corrections inv	nplete money fields th olving MQGE, see the r Specific Instructions	GRAND BLANC, MI 48439 i Employee's address and ZIP code					
	isly reported	Correct information	Previously repo		Co	rrect information	
	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with		-	al income tax withheld	
3 Social securi	ty wages	3 Social security wages	4 Social security tax with	neld	4 Socia	l security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medic	are tax withheld	
7 Social securi	ty tips	7 Social security tips	8 Allocated tips		8 Alloca	ated tips	
9		9	10 Dependent care benefit	s	10 Deper	ndent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	: 12	12a See ir	nstructions for box 12	
13 Statutory Re pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b C		12b C d e		
14 Other (see ins	structions)	14 Other (see instructions)	12c C d e		12c		
			12d C d e		12d		
		State Correctio	n Information				
Previously reported Correct information			Previously reported Correct information				
15 State	isly reported	15 State	15 State	nteu	15 State		
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	ber	Emplo	yer'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 Correct	ion Information				
Previously reported Correct information		Previously repo	eviously 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		19 Local income tax	19 Local income tax		19 Local income tax		
20 Locality name		20 Locality name	20 Locality name		20 Locali	ty name	

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