


<b>44444</b>	<b>For Official Use Only ▶</b> OMB No. 1545-0008			
<b>a</b> Employer's name, address, and ZIP code  REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET G395 ANN ARBOR, MI 48109-1279		<b>c</b> Tax year/Form corrected  2019 / <b>W-2</b>	<b>d</b> Employee's correct SSN  064-51-0693	
		<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 checked="" 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 064-31-0693		
<b>b</b> Employer's Federal EIN 38-6006309		<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 Forms 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 PAVAN KUMAR REDDY	<b>Last name</b> BASIREDDY	<b>Suff.</b>
		<b>i</b> Employee's address and ZIP code 63-10, 2124 FOX HILL DR GRAND BLANC, MI 48439		
<b>Previously reported</b>		<b>Correct information</b>		
<b>1</b> Wages, tips, other compensation	<b>1</b> Wages, tips, other compensation	<b>2</b> Federal income tax withheld	<b>2</b> Federal income tax withheld	
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld	
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld	
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips	
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<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>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>12b</b>	
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)	<b>12c</b>	<b>12c</b>	
		<b>12d</b>	<b>12d</b>	
<b>State Correction Information</b>				
<b>Previously reported</b>		<b>Correct information</b>		
<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State	
Employer's state ID number		Employer's state ID number		
<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax	<b>17</b> State income tax	<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>18</b> Local wages, tips, etc.	<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>19</b> Local income tax	
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	

**Copy 1—State, City, or Local Tax Department**

<b>4444</b>	<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  REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE STREET G395 ANN ARBOR, MI 48109-1279		<b>c</b> Tax year/Form corrected 2019 / <b>W-2</b>		<b>d</b> Employee's correct SSN 064-51-0693			
		<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 checked="" 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 064-31-0693		<b>g</b> Employee's <b>previously reported</b> name			
<b>b</b> Employer's Federal EIN 38-6006309		<b>h</b> Employee's first name and initial PAVAN KUMAR REDDY		Last name BASIREDDY			
<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).		63-10, 2124 FOX HILL DR GRAND BLANC, MI 48439		<b>Suff.</b>			
		<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		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	
<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"/>		12b		12b	
14 Other (see instructions)		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		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	
<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**