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		de	c Tax year/Form corrected	d Employee's correct SSN			
Olaris Inc			2020 _{/ W-2}	697-17-1528			
99 Graym	nore Rd		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
Waltham		MA 02451	Complete boxes f and/or g only if incorrect on form previously filed				
			f Employee's previously reported SSN				
b Employer's Federal EIN 46-4684645			g Employee's previously reported name				
			h Employee's first name and initial Srihari	Last name Suff. Raghavendra Rao			
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2			142 Pleasant St, Unit 103 Bldg 210 Methuen				
	<u> </u>	for Form W-2c, boxes 5 and 6).	Methien I Employee's address and ZIP code				
1 Wages, tips, of	sly reported	Correct information 1 Wages, tips, other compensation	Previously reported 2 Federal income tax withheld	Correct information 2 Federal income tax withheld			
3 , 1 ,	•						
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
0.00 5 Medicare wag	gos and tips	22171.80 5 Medicare wages and tips	0.00 6 Medicare tax withheld	1374.66 6 Medicare tax withheld			
0.00	ges and tips	22171.80	0.00	321.48			
7 Social securit	ty 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 0.01			
13 Statutory employee Retirement Third-party sick pay		13 Statutory Retirement Third-party employee plan Sick pay	12b	12b			
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c			
			12d	12d			
			L				
Duardan	ali. uana anta al	State Correction		O a was at information			
15 State	sly reported	Correct information 15 State	Previously reported 15 State	Correct information 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							
	sly 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			

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a Employer's name, address, and ZIP code			c Tax year/Form corrected		d Employee's correct SSN		
Olaris Inc			2020 _{/ W-2}		697-17-1528		
99 Grayn	more Rd	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)					
Waltham		MA 02451	Complete boxes f and/or g only if incorrect on form previously filed >				
			f Employee's previously reported SSN				
b Employer's Federal EIN 46-4684645			g Employee's previously reported name				
			h Employee's first name an Srihari	d initial	Last name Raghav	Suff. rendra Rao	
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).			142 Pleasant Methuen i Employee's address and 2		nit 103 MA	Bldg 210 01844	
Previou	sly reported	Correct information	Previously repo		Correct information		
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federal i	ncome tax withheld	
3 Social securi	ty wages	3 Social security wages 22171.80	4 Social security tax withh	neld	4 Social se	ecurity tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips 22171.80	6 Medicare tax withheld 0.00		6 Medicare tax withheld 321.48		
7 Social securi	ty tips	7 Social security tips	8 Allocated tips		8 Allocated	d tips	
9		9	10 Dependent care benefit	S	10 Dependent care benefits		
11 Nonqualified plans		11 Nonqualified plans	12a See instructions for box	12	12a See instructions for box 12		
Statutory employee pla	tirement Third-party n sick pay	13 Statutory employee Retirement plan Third-party sick pay	12b		12b C od e		
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c		
			12d		12d		
		State Commenties	n Information				
Previou	ısly reported	State Correction Correct information	Previously repo	rted	Corre	ect information	
15 State	iory reported	15 State	15 State	7100	15 State	ot iniorniation	
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	ber	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		Previously repo	rted	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 r	name	

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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a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN			
Olaris Inc			2020 / W-2	697-17-1528			
99 Graymore Rd			Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
Waltham		MA 02451	Complete boxes f and/or g only if incorrect on form previously filed ▶				
			f Employee's previously reported SSN				
b Employer's Fe	deral EIN		g Employee's previously reported name				
46-46846	45						
			h Employee's first name and initial Srihari	Last name Suff. Raghavendra Rao			
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3,			142 Pleasant St, Unit 103 Bldg 210 Methuen. MA 01844				
•	Instructions for Form \	N-2c, boxes 5 and 6).	I Employee's address and ZIP code				
	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	ty wages	3 Social security wages 22171.80	4 Social security tax withheld 0.00	4 Social security tax withheld 1374.66			
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
0.00		22171.80	0.00	321.48			
7 Social securit	ty 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 0.01			
13 Statutory Ret plan	rirement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			12d	12d			
		State Correction					
Previou	sly reported	Correct 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							
Previou	sly 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	9	20 Locality name	20 Locality name	20 Locality name			