



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 MukeGroup Inc 2001 US-46 Parsippany NJ 07054		c Tax year/Form corrected 2020 / W-2		d Employee's correct SSN 314-79-9412			
		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 ▶					
b Employer's Federal EIN 83-0926284		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 Giri Kumar	Last name Pothula	Suff.			
		Employee's address and ZIP code 1250 Providence Rd Clifton Heights PA 19018					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 151060.00		1 Wages, tips, other compensation 83684.00		2 Federal income tax withheld 23019.79		2 Federal income tax withheld 12206.58	
3 Social security wages 149219.94		3 Social security wages 83684.00		4 Social security tax withheld 9251.63		4 Social security tax withheld 5188.39	
5 Medicare wages and tips 151060.00		5 Medicare wages and tips 83684.00		6 Medicare tax withheld 2190.37		6 Medicare tax withheld 1213.41	
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) PA UI: 89.69		14 Other (see instructions) PA UI: 48.30		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State PA		15 State PA		15 State		15 State	
Employer's state ID number 2020-3257		Employer's state ID number 2020-3257		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 151060.00		16 State wages, tips, etc. 83684.00		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 4588.05		17 State income tax 2470.86		17 State income tax		17 State income tax	
Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
18 Local wages, tips, etc. 147860.00		18 Local wages, tips, etc. 80484.00		18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax 5415.64		19 Local income tax 2909.53		19 Local income tax		19 Local income tax	
20 Locality name Philadelphia		20 Locality name Philadelphia		20 Locality name		20 Locality name	

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

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a Employer's name, address, and ZIP code MukeGroup Inc 2001 US-46 Parsippany NJ 07054		c Tax year/Form corrected 2020 / W-2		d Employee's correct SSN 314-79-9412			
		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					
		g Employee's previously reported name					
b Employer's Federal EIN 83-0926284		h Employee's first name and initial Giri Kumar		Last name Pothula			
		Suff.					
		1250 Providence Rd Clifton Heights PA 19018 i Employee's address and ZIP code					
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).							
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 151060.00		1 Wages, tips, other compensation 83684.00		2 Federal income tax withheld 23019.79		2 Federal income tax withheld 12206.58	
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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 Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		12b	
14 Other (see instructions) PA UI: 89.69		14 Other (see instructions) PA UI: 48.30		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State PA		15 State PA		15 State		15 State	
Employer's state ID number 2020-3257		Employer's state ID number 2020-3257		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 151060.00		16 State wages, tips, etc. 83684.00		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 4588.05		17 State income tax 2470.86		17 State income tax		17 State income tax	
Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
18 Local wages, tips, etc. 147860.00		18 Local wages, tips, etc. 80484.00		18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax 5415.64		19 Local income tax 2909.53		19 Local income tax		19 Local income tax	
20 Locality name Philadelphia		20 Locality name Philadelphia		20 Locality name		20 Locality name	

Copy C—For EMPLOYEE's RECORDS

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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		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"/>	
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		f Employee's previously reported SSN	
b Employer's Federal EIN 83-0926284		g Employee's previously reported name	
		h Employee's first name and initial Giri Kumar	Last name Pothula Suff.
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Previously reported		Correct information	
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14 Other (see instructions) PA UI: 89.69	14 Other (see instructions) PA UI: 48.30	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
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Employer's state ID number 2020-3257	Employer's state ID number 2020-3257	Employer's state ID number	Employer's state ID number
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19 Local income tax 5415.64	19 Local income tax 2909.53	19 Local income tax	19 Local income tax
20 Locality name Philadelphia	20 Locality name Philadelphia	20 Locality name	20 Locality name

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return