

Ms. Ayemen Almeen - 0008580 - Bethesda Health Group, Inc

W-2C

| | | | |
|---|--|--|---|
| 44444 | For Official Use Only OMB No. 1545-0008 | Safe, accurate, Visit the IRS website at www.irs.gov FAST! Use | |
| a Employer's name, address, and ZIP code Bethesda Health Group, Inc 1630 Des Peres Road Suite 290 St. Louis, MO 63131-1800 | c Tax year/Form corrected 2020/W-2 | d Employee's correct SSN 109-87-6457 | |
| | e Corrected SSN and/or name (Check this box and complete boxes f and/or g if <input type="checkbox"/> incorrect on form previously filed.) | | |
| | Complete boxes f and/or g only if incorrect on form previously filed | | |
| | f Employee's previously reported SSN | | |
| b Employer's Federal EIN 43-0666738 | 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 Ayemen | Last name Almeen | Suff. |
| | 457 Seton Hall Court Valley Park, MO 63088 | | |
| i Employee's address and ZIP code | | | |
| Previously reported | Correct information | Previously reported | Correct information |
| 1 Wages, tips, other compensation | 1 Wages, tips, other compensation | 2 Federal income tax withheld | 2 Federal income tax withheld |
| 3 Social security wages 0.00 | 3 Social security wages 19,572.15 | 4 Social security tax withheld 0.00 | 4 Social security tax withheld 1,213.47 |
| 5 Medicare wages and tips 0.00 | 5 Medicare wages and tips 19,572.15 | 6 Medicare tax withheld 0.00 | 6 Medicare tax withheld 283.80 |
| 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 | 12 See instructions for box 12 | 12 See instructions for box 12 |
| 13 Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 13 Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| 14 Other (see instructions) | 14 Other (see instructions) | | |
| State Correction Information | | | |
| Previously 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 | | | |
| 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 |

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

Form **W-2c** (Rev. 8-2014)

Corrected Wage and Tax Statement

Department of the Treasury

Internal Revenue Service

44444

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OMB No. 1545-0008

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a Employer's name, address, and ZIP code

Bethesda Health Group, Inc

1630 Des Peres Road
Suite 290
St. Louis, MO 63131-1800

c Tax year/Form corrected
2020/W-2

d Employee's correct SSN
109-87-6457

e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)

Complete boxes f and/or g only if incorrect on form **previously filed**

f Employee's **previously reported** SSN

b Employer's Federal EIN
43-0666738

g Employee's **previously reported** name

h Employee's first name and initial
Ayemen
Last name
Almeen
Suff.

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).

457 Seton Hall Court
Valley Park, MO 63088
i Employee's address and ZIP code

| Previously reported | Correct information |
|--|--|
| 1 Wages, tips, other compensation | 1 Wages, tips, other compensation |
| 3 Social security wages 0.00 | 3 Social security wages 19,572.15 |
| 5 Medicare wages and tips 0.00 | 5 Medicare wages and tips 19,572.15 |
| 7 Social security tips | 7 Social security tips |
| 9 | 9 |
| 11 Nonqualified plans | 11 Nonqualified plans |
| 13 Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 13 Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 14 Other (see instructions) | 14 Other (see instructions) |

| Previously reported | Correct information |
|---|---|
| 2 Federal income tax withheld | 2 Federal income tax withheld |
| 4 Social security tax withheld 0.00 | 4 Social security tax withheld 1,213.47 |
| 6 Medicare tax withheld 0.00 | 6 Medicare tax withheld 283.80 |
| 8 Allocated tips | 8 Allocated tips |
| 10 Dependent care benefits | 10 Dependent care benefits |
| 12 See instructions for box 12 | 12 See instructions for box 12 |

State Correction Information

| Previously reported | Correct information |
|---|---|
| 15 State Employer's state ID number | 15 State Employer's state ID number |
| 16 State wages, tips, etc. | 16 State wages, tips, etc. |

| Previously reported | Correct information |
|---|---|
| 15 State Employer's state ID number | 15 State Employer's state ID number |
| 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 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 |

Copy C -- For EMPLOYEE's RECORDS

Form **W-2c** (Rev. 8-2014)

Corrected Wage and Tax Statement

Department of the Treasury

Internal Revenue Service

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 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.

| | | | |
|---|--|--|---|
| 44444 | For Official Use Only ▶ OMB No. 1545-0008 | | |
| a Employer's name, address, and ZIP code <p style="text-align:center;">Bethesda Health Group, Inc 1630 Des Peres Road Suite 290 St. Louis, MO 63131-1800</p> | c Tax year/Form corrected 2020/W-2 | d Employee's correct SSN 109-87-6457 | |
| | e Corrected SSN and/or name (Check this box and complete boxes f and/or g if <input type="checkbox"/> incorrect on form previously filed.) | | |
| | Complete boxes f and/or g only if incorrect on form previously filed ▶ | | |
| | f Employee's previously reported SSN | | |
| b Employer's Federal EIN 43-0666738 | g Employee's previously reported name | | |
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| | 457 Seton Hall Court Valley Park, MO 63088 | | |
| i Employee's address and ZIP code | | | |
| Previously reported | | Correct information | |
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| 14 Other (see instructions) | 14 Other (see instructions) | | |
| State Correction 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 | | | |
| 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 |

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

Form **W-2c** (Rev. 8-2014)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service