44444	For Official Use Only OMB No. 1545-0008	· <b>&gt;</b>	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		
MukeGroup Inc			2020 <sub>/ W-2</sub>	088-83-2875		
2001 US-46			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
Parsippa	nv	NJ 07054	Complete boxes f and/or g only if incorrect on form previously filed			
	2		f Employee's previously reported SSN			
<b>b</b> Employer's Federal EIN 83-0926284			g Employee's previously reported name			
			h Employee's first name and initial Kiran Kumar	Last name Suff. Thudi		
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2			92 Crystal Lake Rd			
•		for Form W-2c, boxes 5 and 6).	Stamford Employee's address and ZIP code	CT 06905		
	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, of 75760.00	·	1 Wages, tips, other compensation 41720.00	2 Federal income tax withheld 9577.25	2 Federal income tax withheld 5344.34		
			95 / / . 25 4 Social security tax withheld	4 Social security tax withheld		
3 Social security wages		3 Social security wages	,	,		
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		
13 Statutory 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		
			e	e		
		State Correction				
	sly reported	Correct information	Previously reported	Correct information		
15 State CT		15 State CT	15 State	15 State		
Employer's state ID number 82201914-000		Employer's state ID number 82201914-000	Employer's state ID number	Employer's state ID number		
<b>16</b> State wages, tips, etc. 68600.00		<b>16</b> State wages, tips, etc. 34560.00	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income		17 State income tax	17 State income tax	17 State income tax		
3103.23		1750.73				
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			
MukeGroup Inc			2020 <sub>/ W-2</sub>		088-83-2875		
2001 US-46			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
Parsippa	any	NJ 07054	Complete boxes f and/or g only if incorrect on form previously filed				
rarsippan, no ovosi			f Employee's previously reported SSN				
<b>b</b> Employer's Federal EIN 83-0926284			g Employee's previously reported name				
			h Employee's first name an Kiran Kumar	nd initial	Last name Thudi		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).			92 Crystal La Stamford i Employee's address and i		СТ	06905	
	sly reported	Correct information	Previously repo	rted	Correct information		1
1 Wages, tips, other compensation 75760.00		1 Wages, tips, other compensation 41720.00	2 Federal income tax with 9577.25	held	2 Federal income tax withheld 5344.34		
3 Social security wages		3 Social security wages	4 Social security tax with	neld	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 benefit	s	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 Third-party sick pay		13 Statutory Retirement Third-party sick pay	<b>12b</b>		<b>12b</b>		
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c		
			<b>12d</b>		<b>12d</b>		
			L				
Draviou	alv vanavtad	State Correction	n Information  Previously repo	urt o al	Com	estinformation	
15 State	sly reported	15 State	15 State	rtea	15 State	ect information	1
CT	oto ID wymhou	CT		hau		ario atata ID mimbar	
Employer's state ID number 82201914-000		Employer's state ID number 82201914-000	Employer's state ID num	iber	Employer's state ID number		
<b>16</b> State wages, 68600.00	)	16 State wages, tips, etc. 34560.00	16 State wages, tips, etc.			ages, tips, etc.	
17 State income 3103.23	tax	17 State income tax 1750.73	17 State income tax		17 State income tax		
Locality Correction Information							
Previously reported  18 Local wages, tips, etc.		Correct information	Previously repo	ortea	Correct information		1
		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	

## **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.

44444	For Official Use Only OMB No. 1545-0008	<b>/ ▶</b>				
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN		
MukeGroup Inc			2020 / <b>w-2</b>	088-83-2875		
2001 US-46			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
Parsippa	anv	NJ 07054	Complete boxes f and/or g only if incorrect on form <b>previously filed</b> ▶			
raisippany No 07034			f Employee's previously reported SSN			
<b>b</b> Employer's Fe			g Employee's previously reported name			
83-09262	84		h Employee's first name and initial	Last name Suff.		
			Kiran Kumar	Thudi		
•		at are being corrected (exception: for	92 Crystal Lake Rd			
under Specific	Instructions for Form	General Instructions for W-2 and W-3, W-2c, boxes 5 and 6).	Stamford i Employee's address and ZIP code	CT 06905		
Previou	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, other compensation 75760.00		1 Wages, tips, other compensation 41720.00	2 Federal income tax withheld 9577.25	2 Federal income tax withheld 5344.34		
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		
13 Statutory employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b		
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c		
			12d	12d		
			ē	ē		
		State Correction	•			
Previou	sly reported	Correct information	Previously reported	Correct information		
15 State CT		15 State CT	15 State	15 State		
Employer's sta 82201914	ate ID number - 0 0 0	Employer's state ID number 82201914-000	Employer's state ID number	Employer's state ID number		
16 State wages, 68600.00	•	<b>16</b> State wages, tips, etc. 34560.00	16 State wages, tips, etc.	16 State wages, tips, etc.		
<b>17</b> State income 3103.23	tax	<b>17</b> State income tax 1750.73	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	cal income tax 19 Local income tax 19 Lo		19 Local income tax	19 Local income tax		
20 Locality name 2		20 Locality name	20 Locality name	20 Locality name		