

44444

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OMB No. 1545-0008Safe, accurate,
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a Employer's name, address, and ZIP code

INOVALON INC
4321 COLLINGTON ROAD
BOWIE MD 20716

c Tax year/Form corrected

2020 / W-2

d Employee's correct SSN

885-90-5115

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

71-1017974

g Employee's previously reported name

h Employee's first name and initial

HARIKRISHNA

Last name

BANDI

Suff.

1440 E BROADWAY RD

#2158

TEMPE AZ 85282

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	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
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)	14	Other (see instructions)	12c		12c	
				12d		12d	

State Correction Information

Previously reported		Correct information		Previously reported		Correct information	
15	State MD	15	State MD	15	State AZ	15	State AZ
	Employer's state ID number 12812466		Employer's state ID number 12812466		Employer's state ID number 71-1017974		Employer's state ID number 71-1017974
16	State wages, tips, etc. 15,958.61	16	State wages, tips, etc. 0.00	16	State wages, tips, etc. 93,496.84	16	State wages, tips, etc. 109,455.45
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

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a Employer's name, address, and ZIP code INOVALON INC 4321 COLLINGTON ROAD BOWIE MD 20716		c Tax year/Form corrected 2020 / W-2		d Employee's correct SSN 885-90-5115	
b Employer's Federal EIN 71-1017974		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			
		h Employee's first name and initial HARIKRISHNA		Last name BANDI	Suff.
		1440 E BROADWAY RD #2158 TEMPE AZ 85282			
		i Employee's address and ZIP code			
Previously reported		Correct information		Previously reported	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld	
3 Social security wages		3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		5 Medicare wages and tips		6 Medicare tax withheld	
7 Social security tips		7 Social security tips		8 Allocated tips	
9		9		10 Dependent care benefits	
11 Nonqualified plans		11 Nonqualified plans		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	
14 Other (see instructions)		14 Other (see instructions)		12c	
				12d	
State Correction Information					
Previously reported		Correct information		Previously reported	
15 State MD		15 State MD		15 State AZ	
Employer's state ID number 12812466		Employer's state ID number 12812466		Employer's state ID number 71-1017974	
16 State wages, tips, etc. 15,958.61		16 State wages, tips, etc. 0.00		16 State wages, tips, etc. 93,496.84	
17 State income tax		17 State income tax		17 State income tax 109,455.45	
Locality Correction Information					
Previously reported		Correct information		Previously reported	
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	
20 Locality name		20 Locality name		20 Locality name	

Copy C—For EMPLOYEE'S RECORDS

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a Employer's name, address, and ZIP code INOVALON INC 4321 COLLINGTON ROAD BOWIE MD 20716	c Tax year/Form corrected 2020 / W-2		d Employee's correct SSN 885-90-5115
	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		
b Employer's Federal EIN 71-1017974	g Employee's previously reported name		
h Employee's first name and initial HARIKRISHNA		Last name BANDI	Suff.
1440 E BROADWAY RD #2158 TEMPE AZ 85282			
i Employee's address and ZIP code			
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	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 <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)	14 Other (see instructions)	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
15 State MD	15 State MD	15 State AZ	15 State AZ
Employer's state ID number 12812466	Employer's state ID number 12812466	Employer's state ID number 71-1017974	Employer's state ID number 71-1017974
16 State wages, tips, etc. 15,958.61	16 State wages, tips, etc. 0.00	16 State wages, tips, etc. 93,496.84	16 State wages, tips, etc. 109,455.45
17 State income tax	17 State income tax	17 State income tax	17 State income tax
Locality Correction 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

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.