44444	For Official Use Only	/ >	Safe, accurate,	Visit the IRS website		
	OMB No. 1545 0009		FASTI Use	at www.irs.gov.		
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
INOVALON			2020 / W-2	885-90-5115		
4321 COLL	INGTON ROAD		e Corrected SSN and/or name (Check this box and complete boxes f and/or			
BOWIE MD :			g if incorrect on form previously filed.)			
			Complete boxes f and/or g only if inco f Employee's previously reported SSN	rrect on form previously filed		
			Employee's previously reported 33N			
b Employer's Fee	deral EIN		g Employee's previously reported name			
71-101797	4					
, e			h Employee's first name and initial	Last name Suff.		
ta .		F	HARIKRISHNA	BANDI		
Note: Only som	nalata manay fialda th		1440 E BROADWAY RD			
corrections invo	iplete money flelas th Divina MQGE, see the	at are being corrected (exception: for General Instructions for Forms W-2	#2158			
and W-3, under	Specific Instructions	for Form W-2c, boxes 5 and 6).	TEMPE AZ 85282 i Employee's address and ZIP code			
	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, ot	her 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 securit	y 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 Reti	rement Third-party	13 Statutory Retirement Third-party employee plan sick pay	12b	12b		
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c		
			12d	12d		
			C ad e	C o		
		C4242 C22224				
Previou	sly reported	State Correction Correct information	n Information Previously reported Correct information			
15 State	oly reported	15 State	15 State	15 State		
MD		MD	AZ	AZ		
Employer's state ID number		Employer's state ID number	Employer's state ID number	Employer's state ID number		
12812466		12812466	71-1017974	71-1017974		
16 State wages,	tips, etc. 15, 958.61	16 State wages, tips, etc.	16 State wages, tips, etc. 93, 496.84	16 State wages, tips, etc.		
17 State income		17 State income tax	17 State income tax	109, 455.45 17 State income tax		
Locality Correction Information						
18 Local wages, t	sly reported	Correct information	Previously reported	Correct information		
		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

44444	For Official Use Only	y >	Safe, accurate, FAST! Use	Visit the IRS website at www.lrs.gov.			
a Employee's no		1-	Toy wast/Form assessed	d Employee's correct SSN			
a Chiployer's na	me, address, and ZIP co	de	c Tax year/Form corrected				
INOVALON			2020 / W-2	885-90-5115			
	INGTON ROAD		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
BOWIE MD	20716		Complete boxes f and/or g only if inco	rrect on form previously filed			
			f Employee's previously reported SSN				
b Employer's Fe			g Employee's previously reported name				
71-101797	4						
			h Employee's first name and initial	Last name Suff.			
			HARIKRISHNA	BANDI			
			1440 E BROADWAY RD				
Note: Only com	polete money fields th	at are being corrected (exception: for	#2158				
		General Instructions for Forms W-2	TEMPE AZ 85282				
		for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code				
Previou	sly reported	Correct information	Previously reported	<u> </u>			
	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
vvages, tips, or	ner compensation	1 Wages, tips, other compensation	2 rederarincome tax withheld	2 rederal income tax withheld			
3 Social securit	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare was	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securit	y 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 Retriemployee plan	rement Third-party sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b			
14 Other (see insi	tructions)	14 Other (see instructions)	12c	12c			
		a	C	0			
			12d	12d			
			C	C			
			 •	1			
		State Correction	n Information				
Dravieu	alic rapartad	Correct information					
	sly reported			Correct information			
15 State		15 State	15 State	15 State			
MD		MD	AZ	AZ			
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number			
12812466		12812466	71-1017974	71-1017974			
16 State wages, t		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.			
	15,958.61	0.00	93,496.84	109,455.45			
17 State income	tax	17 State income tax	17 State income tax	17 State income tax			
Locality Correction Information							
Previous	sly reported	Correct information	Previously reported	Correct information			
18 Local wages, t		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.			
19 Local income t	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 nar	me, address, and ZIP co	de	c Tax year/Form corrected	d Employee's correct SSN		
_ pioyer s rial	ine, address, and En		·			
INOVALON INC			2020 / W-2	885-90-5115		
4321 COLLINGTON ROAD			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
BOWIE MD :	20716		Complete boxes f and/or g only if incorrect on form previously filed >			
			f Employee's previously reported SSN			
b Employer's Fed	deral EIN		g Employee's previously reported name			
71-101797						
W. 756 (1) (1) (2)			h Employee's first name and initial	Last name Suff.		
			HARIKRISHNA	BANDI		
			1440 E BROADWAY RD			
Note: Only com	nplete money fields th	at are being corrected (exception: for	#2158			
		General Instructions for W-2 and W-3,	TEMPE AZ 85282			
under Specific	Instructions for Form	W-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		
0.00		O Control or or the control or	A Control or writer have withhered	4 Social security tax withheld		
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withineid		
5 Medicare was	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
	3					
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		
	Irrement Third-party	13 Statutory Retirement Third-party	12b	12b		
employee plan	n sick pay	employee plan sick pay	C	C		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
* 10 Annual Control Control	•		Code	0 0		
			12d	12d		
			od e	od de		
		State Correction	AND THE PROPERTY OF THE PROPER			
	sly reported	Correct information	Previously reported	Correct information		
15 State		15 State	15 State AZ	15 State AZ		
MD	to ID	MD Employer's state ID number	Employer's state ID number	Employer's state ID number		
Employer's sta	ate ID number	12812466	71–1017974	71–1017974		
12812466 16 State wages, t	ting oto	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
To Glate Wayes, I	15,958.61	0.00	93,496.84	109, 455.45		
17 State income		17 State income tax	17 State income tax	17 State income tax		
State modifie						
Locality Correction Information						
Previou	sly reported	Correct information	Previously reported	Correct information		
18 Local wages, t	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		
			00 1 154	20 Leasity name		
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.