

<b>44444</b>	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  VICTORY BUSINESS SOLUTIONS INC 1842 OLD NORCROSS RD STE 200 LAWRENCEVILLE GA 30044-8802		<b>c</b> Tax year/Form corrected  2021 / W-2	<b>d</b> Employee's correct SSN  815-97-9538
		<b>e</b> 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 <b>previously filed ▶</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
		<b>g</b> Employee's <b>previously reported</b> name	
<b>b</b> Employer's Federal EIN 20-8422497		<b>h</b> Employee's first name and initial ANILKUMAR	
		Last name MABAGAPU	
		Suff.	
<b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		4359 E DENNISPORT AVE GILBERT, AZ 85295	
<b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation 38900.00		<b>1</b> Wages, tips, other compensation 33900.00	
<b>3</b> Social security wages 30000.00		<b>3</b> Social security wages 25000.00	
<b>5</b> Medicare wages and tips 30000.00		<b>5</b> Medicare wages and tips 25000.00	
<b>7</b> Social security tips		<b>7</b> Social security tips	
<b>9</b>		<b>9</b>	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)	
		<b>12a</b> See instructions for box 12	
		<b>12b</b>	
		<b>12c</b>	
		<b>12d</b>	
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State AZ		<b>15</b> State AZ	
Employer's state ID number 208422497		Employer's state ID number 208422497	
<b>16</b> State wages, tips, etc. 38900.00		<b>16</b> State wages, tips, etc. 33900.00	
<b>17</b> State income tax 311.20		<b>17</b> State income tax 271.20	
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name	

**Copy D—For Employer**