

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code ARICENT N A INC 3979 FREEDOM CIRCLE #950 SANTA CLARA CA 95054 ZF7 057717		c Tax year/Form corrected 2019/ W-2	d Employee's correct SSN 365-41-2043
b Employer's Federal EIN 20-1867090		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input checked="" type="checkbox"/>	
		Complete boxes f and/or g only if incorrect on form previously filed ▶	
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).		f Employee's previously reported SSN APPLIED FOR	
		g Employee's previously reported name	
h Employee's first name and initial PRADHEEP KUMAR		Last name GURRAM	Suff.
		1560 VISA CLUB CIR APT # 103 SANTA CLARA CA 95054	
i Employee's address and ZIP code		1560 VISA CLUB CIR APT # 103 SANTA CLARA CA 95054	
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	15 State	15 State	15 State
CA Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
244-3330-2			
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	
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

ZF7 / / /057717 /00254
ARICENT N A INC
3979 FREEDOM CIRCLE #950
SANTA CLARA CA 95054

PRADHEEP KUMAR GURRAM
1560 VISA CLUB CIR
APT # 103
SANTA CLARA CA 95054

Notice to Employee

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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.

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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

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Copy C—For EMPLOYEE's RECORDS

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***** T O T A L S *****

FOR: BATCH NO. 2021/2/00254

FOR: COMPANY ATLA/ZF7