

44444		For Official Use Only ▶ OMB No. 1545-0008			
<b>a</b> Employer's name, address, and ZIP code  ACME ENTERPRISES, INC.  15751 MARTIN ROAD  ROSEVILLE MI 48066		<b>c</b> Tax year/Form corrected 2021 / <b>W-2 C</b>		<b>d</b> Employee's correct SSN 761-55-5059	
		<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 previously filed ▶			
<b>b</b> Employer's Federal EIN  38-2798790		<b>f</b> Employee's previously reported SSN			
		<b>g</b> Employee's previously reported name			
		<b>h</b> Employee's first name and initial VAMSI		Last name KODEDALA	
<b>Note:</b> 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).		25701 W 12 MILE RD.  SOUTHFIELD MI 48034		<b>i</b> Employee's address and ZIP code	
		<b>Previously reported</b>		<b>Correct information</b>	
		<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation	
<b>3</b> Social security wages		<b>3</b> Social security wages		<b>2</b> Federal income tax withheld	
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>4</b> Social security tax withheld	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>4</b> Social security tax withheld	
<b>9</b>		<b>9</b>		<b>6</b> Medicare tax withheld	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>8</b> Allocated tips	
<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>10</b> Dependent care benefits	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)		<b>10</b> Dependent care benefits	
<b>12a</b> See instructions for box 12		<b>12a</b> See instructions for box 12		<b>12a</b> See instructions for box 12	
<b>12b</b>		<b>12b</b>		<b>12a</b> See instructions for box 12	
<b>12c</b>		<b>12c</b>		<b>12b</b>	
<b>12d</b>		<b>12d</b>		<b>12c</b>	
<b>12d</b>		<b>12d</b>		<b>12d</b>	
<b>State Correction Information</b>					
<b>Previously Reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>15</b> State  MI Employer's state ID number 38-2798790		<b>15</b> State  MI Employer's state ID number 38-2798790		<b>15</b> State  Employer's state ID number	
<b>16</b> State wages, tips, etc. 17959.54		<b>16</b> State wages, tips, etc. 61595.32		<b>15</b> State  Employer's state ID number	
<b>17</b> State income tax 763.33		<b>17</b> State income tax 2466.31		<b>16</b> State wages, tips, etc. 16 State wages, tips, etc.	
<b>17</b> State income tax 763.33		<b>17</b> State income tax 2466.31		<b>17</b> State income tax 17 State income tax	
<b>Locality Correction Information</b>					
<b>Previously Reported</b>		<b>Correct information</b>		<b>Previously reported</b>	
<b>18</b> Local wages, tips, etc.		<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>18</b> Local wages, tips, etc.	
<b>20</b> Locality name		<b>20</b> Locality name		<b>19</b> Local income tax	