44444	For Official Use Onl	•					
	OMB No. 1545-0008		_ Te	por/Form portested	d [uno'n normant CON	
a Employer's n	ame, address, and ZIP co	ode	c lax ye	ear/Form corrected	a Employ	yee's correct SSN	
AMAZON CC	M SERVICES LL	C	2021	/ W-2	XXX-XX	x-3485	
PO BOX 80	726			cted SSN and/or name (Check correct on form previously filed		nd complete boxes f	and/or
SEATTLE W	A 98108			te boxes f and/or g only if inco		orm proviously filed	
				yee's previously reported SSN		om previously liled	_
b Employer's F			g Emplo	yee's previously reported nam	е		
82-054468	37		h Emplo	yee's first name and initial	Last name	Δ	Suff.
				ANIDEEP		ATIMALLA	Journ.
			2038	155TH PL NE 410			
		lds that are being corrected	BELLE	VUE WA 98007			
	for corrections invol [.] /-2c and W-3c, box	ving MQGE, see the Instructions		1 11 170			
	usly reported	Correct information	- '	reviously reported	Co	rrect information) 1
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Fede	ral income tax withheld		ral income tax withheld	
	8,695.70	55,012.88		1,652.53		11,059	
3 Social securit	ty wages 0.00	3 Social security wages 38,345.56	4 Socia	al security tax withheld 0.00	4 Socia	al security tax withheld 2,37	
5 Medicare wa		5 Medicare wages and tips	6 Medi	care tax withheld	6 Medic	care tax withheld	7.42
	0.00	38,345.56		0.00			5.01
7 Social securit	ty tips	7 Social security tips	8 Alloc	ated tips	8 Alloca	ated tips	
9 Advance EIC	novment	9 Advance EIC payment	10 Dependent care benefits 10 Dependent care				
3 Advance Lic	payment	a Advance Lie payment	То Бере	endent care benefits	lo Depe	ndent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See i	instructions for box 12	12a See ii	nstructions for box 12	
13 Statutory R	etirement Third-party	13 Statutory Retirement Third-party	С	8.57	С	34	4.28
	lan sick pay	employee plan sick pay	12b D	321.87	12b D	1,36	7 94
14 Other (see in:	structions)	14 Other (see instructions)	12c	321.07	12c	1,33	, , , , ,
8.70	ORSTT W/	 H28.69 ORSTT W/	H.				
0.00	RSU	9,995.27 RSU	12d		12d		
				I		1	
		State Correction	n Infor	⊥ mation			
Previou	ısly reported	Correct information	Pr	eviously reported	Cor	rect information	n
15 State OR		15 State OR	15 State	9	15 State		
	tate ID number	Employer's state ID number	Empl	loyer's state ID number	Emple	over's state ID number	
01163719-		01163719-7	Linpi	oyer 3 state ib namber	Linpi	oyer 3 state 15 mamber	
16 State wages,	• •	16 State wages, tips, etc.		e wages, tips, etc.	16 State	wages, tips, etc.	
47 01 1 1	8,695.70	28,682.44			47 01 1		
17 State income	ne tax						
		Locality Correct	ion Info	rmation			
	ısly reported	Correct information			rect information	n	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Loca	I wages, tips, etc.	18 Local	wages, tips, etc.	
19 Local income	e tax	19 Local income tax	19 Loca	I income tax	19 Local	income tax	
20 Locality name	9	20 Locality name	20 Loca	lity name	20 Local	ity name	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **W-2c** (Rev. 2-2009)

Corrected Wage and Tax Statement

Copy A—For Social Security Administration

0000/1039

Department of the Treasury Internal Revenue Service

	4444	For Official Use Onl	y >					
a Employer's name, address, and ZIP code			ode	c Tax year/Form corrected	d Employee's correct SSN			
AMAZON COM SERVICES LLC			C	2021 / W-2	XXX-XX-3485			
PC	D BOX 80	726		e Corrected SSN and/or name (Check this box and complete boxes f and/or				
SI	EATTLE W.	A 98108		g if incorrect on form previously filed	<u> </u>			
				Complete boxes f and/or g only if inco	prrect on form previously filed			
				f Employee's previously reported SSN				
	Employer's Fe 2-054468			g Employee's previously reported name				
				h Employee's first name and initial SAI MANIDEEP	Last name Suff. CHEEKATIMALLA			
				2038 155TH PL NE 410				
			ds that are being corrected	BELLEVUE WA 98007				
		-2c and W-3c, box	ving MQGE, see the Instructions es 5 and 6).	i Employee's address and ZIP code				
		sly reported	Correct information	Previously reported	Correct information			
1		ner compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
		8,695.70	55,012.88	1,652.53	11,059.78			
3	Social security	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
		0.00	38,345.56	0.00	2,377.42			
5	Medicare wag	•	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7	Social security	0.00	38,345.56 7 Social security tips	8 Allocated tips	556.01 8 Allocated tips			
'	Social Security	γ τιρο	7 Social security tips	6 Allocated tips	• Anocated tips			
9	Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits			
11	Nonqualified p	olans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12			
13	Statutory Re employee pla	atirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b c d D 321.87	12b D 1,367.94			
14	Other (see ins	tructions)	14 Other (see instructions)	12c	12c			
8.	.70	ORSTT W/	 H28.69 ORSTT W/	I.e.	C o d e			
n	.00	RSU	9,995.27 RSU	12d °	12d			
0.	.00	RBO	7,753.27	C od e	C o d e			
			State Correction	n Information				
	Previou	sly reported	Correct information	Previously reported	Correct information			
15 OF	State		15 State OR	15 State	15 State			
	Employer's st		Employer's state ID number	Employer's state ID number	Employer's state ID number			
_	1163719- State wages,		01163719-7 16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.			
17	State income	8,695.70	28,682.44 17 State income tax	17 State income tax	17 State income tax			
	State income	662.61	2,228.51		Tr State income tax			
			Locality Correct					
4.0		sly 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 1—State, City, or Local Tax Department

	44444	For Official Use Onl OMB No. 1545-0008		Safe, accurate, FAST! Use	IRSP 1	fl e	Visit the IRS website at www.irs.gov.	
a Employer's name, address, and ZIP code			ode	c Tax year/Form corrected	i	d Employee's correct SSN		
L. L			2021 / w-2			X-3485		
PC	D BOX 80	726		 e Corrected SSN and/or g if incorrect on form p 	,		nd complete boxes f and/or	
SI	EATTLE W.	A 98108		Complete boxes f and/or		<u>, </u>	orm previously filed >	
				f Employee's previously	-	orrect on i	orm previously liled	
	Employer's Fe			g Employee's previously	reported name	e		
				h Employee's first name a	nd initial	Last nam	e Suff.	
				SAI MANIDEEP		CHEEK	ATIMALLA	
				2038 155TH PL N	IE 410			
(€	exception: f	or corrections invol	lds that are being corrected ving MQGE, see the Instructions	BELLEVUE WA 980	07			
fo		-2c and W-3c, box	·	i Employee's address and				
		sly reported	Correct information	Previously repo			rrect information	
1	Wages, tips, oth	ner compensation	1 Wages, tips, other compensation	2 Federal income tax with		2 Fede	ral income tax withheld	
•	Coolel coouwite	8,695.70	55,012.88 3 Social security wages	4 Social security tax with	,652.53	4 Cosi	11,059.78 al security tax withheld	
3	Social security	0.00	, ,	4 Social Security tax with	0.00	4 5001	2,377.42	
5	Medicare was		5 Medicare wages and tips	6 Medicare tax withheld	0.00	6 Med	icare tax withheld	
	modicale mag	0.00	j '	- modicale tax ministre	0.00		556.01	
7	Social security	y tips	7 Social security tips	8 Allocated tips		8 Alloc	ated tips	
9	Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefit	ts	10 Depe	endent care benefits	
11	Nonqualified p	blans	11 Nonqualified plans	12a See instructions for box	x 12 8.57	12a See	instructions for box 12	
13		tirement Third-party	13 Statutory Retirement Third-party	12b	0.37	12b	31.20	
	employee pla	an sick pay	employee plan sick pay	^C D	321.87	g D	1,367.94	
14	Other (see ins	tructions)	14 Other (see instructions)	12c c		12c	1	
8.	.70	ORSTT W/	H28.69 ORSTT W/	He C		e		
0.	.00	RSU	9,995.27 RSU	12d C		12d		
			'	d e		d e	I	
			State Correctio	n Information				
	Previou	sly reported	Correct information	Previously repo	orted	Co	rrect information	
15	State	oly reported	15 State	15 State		15 State		
OF	?		OR					
01	Employer's st	ate ID number	Employer's state ID number 01163719-7	Employer's state ID nur	mber	Emp	loyer's state ID number	
16	State wages,	tips, etc. 8,695.70	16 State wages, tips, etc. 28,682.44	16 State wages, tips, etc.		16 State	e wages, tips, etc.	
17	State income		17 State income tax 2,228.51	17 State income tax		17 State	e income tax	
		002.01	Locality Correcti	ion Information				
	Previou	sly reported	Correct information	Previously repo	orted	Co	rrect information	
18	Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc.			I wages, tips, etc.	
19	Local income	tax	19 Local income tax	19 Local income tax		19 Loca	I income tax	
20	Locality name		20 Locality name	20 Locality name		20 Loca	lity name	

Copy B—To Be Filed with Employee's FEDERAL Tax Return

Form **W-2c** (Rev. 2-2009)

ı	44444	For Official Use Onl OMB No. 1545-0008		Safe, accurate, FAST! Use	IRS P	ile)	Visit the IRS website at www.irs.gov.		
a Employer's name, address, and ZIP code			ode	c Tax year/Form corrected d Employee's correct SS					
AMAZON COM SERVICES LLC			2021 / w-2			X-3485			
PC	BOX 80	726		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)					
SE	CATTLE W.	A 98108		Complete boxes f and/or		<u>, </u>	orm proviously filed	_	
				f Employee's previously	-	mect on it	on previously filed	_	
				i Employees a providuoly	oportou con				
	Employer's Fe			g Employee's previously	·				
				h Employee's first name a SAI MANIDEEP	nd initial	Last nam	e Suf ATIMALLA	if.	
				2038 155TH PL N	IE 410				
			elds that are being corrected living MQGE, see the Instructions	BELLEVUE WA 980	007				
fc	or Forms W	-2c and W-3c, box	es 5 and 6).	i Employee's address and	I ZIP code				
	Previou	sly reported	Correct information	Previously repo	orted	Co	Correct information		
1	Wages, tips, oth	ner compensation	1 Wages, tips, other compensation	2 Federal income tax with		2 Fede	ral income tax withheld		
		8,695.70	55,012.88		,652.53		11,059.7	8	
3	Social security		3 Social security wages	4 Social security tax with		4 Socia	al security tax withheld		
		0.00	· ·		0.00		2,377.4	2	
5	Medicare wag	•	5 Medicare wages and tips	6 Medicare tax withheld	0 00	6 Medi	care tax withheld	-	
_	0	0.00		0 Allocatorities	0.00	0 411	556.0	_	
'	Social security	y tips	7 Social security tips	8 Allocated tips		8 Alloc	ated tips		
9	Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefi	ts	10 Depe	endent care benefits		
11	Nonqualified p	blans	11 Nonqualified plans	12a See instructions for box	x 12 8.57	12a See i	nstructions for box 12	_ 8	
13	Statutory Re employee pla	etirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	321.87	12b	1,367.9		
14	Other (see ins	tructions)	14 Other (see instructions)	12c	321.07	12c	1,307.9	_	
	•	•	, , ,	C C O		C			
	.70	ORSTT W/		12d		12d		_	
0.	.00	RSU	9,995.27 RSU	C o d e		C o d e			
			State Correction	n Information					
	Previou	sly reported	Correct information	Previously repo	orted	Co	rrect information		
15 OF	State		15 State OR	15 State		15 State	•		
		ate ID number	Employer's state ID number	Employer's state ID nu	mber	Empl	oyer's state ID number		
01	163719-		01163719-7				oyor o otato 12 mambor		
16	State wages,	tips, etc. 8,695.70	16 State wages, tips, etc. 28,682.44	16 State wages, tips, etc.		16 State	wages, tips, etc.	_	
17	State income	<u> </u>	17 State income tax	17 State income tax		17 State	income tax	_	
Locality Correction									
	Previou	sly reported	Correct information	Previously repo	orted	Co	rrect information	_	
18	Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc.			I wages, tips, etc.	_	
19	Local income	tax	19 Local income tax	19 Local income tax		19 Loca	I income tax	_	
20	Locality name	<u> </u>	20 Locality name	20 Locality name		20 Loca	lity name	_	

Copy C—For EMPLOYEE's RECORDS

Form **W-2c** (Rev. 2-2009)

Corrected Wage and Tax Statement

Department of the Treasury Internal Revenue Service

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 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.

	44444	For Official Use Only OMB No. 1545-0008	y >						
a Employer's name, address, and ZIP code				c Tax	c Tax year/Form corrected d Employee's correct St			imployee's correct SSN	
AMAZON COM SERVICES LLC			2021 / w-2						
PO BOX 80726					rected SSN and/or nami incorrect on form previ			ox and complete boxes f and/or	
SI	EATTLE W.	A 98108			Comp	lete boxes f and/or g c	only if inco	orrect	on form previously filed ▶
					f Emp	oloyee's previously repo	orted SSN		
b	Employer's Fe	ederal EIN			g Emp	oloyee's previously repo	orted nam	e	
82	2-054468	7							
					h Emp	oloyee's first name and in	nitial	Last	name Suff.
					SAI	MANIDEEP		CHE	CEKATIMALLA
					2038	155TH PL NE	410		
N	lote: Only o	complete money fiel	lds t	hat are being corrected	BELL	EVUE WA 98007	,		
				MQGE, see the Instructions					
fo		-2c and W-3c, boxe	es 5	<u> </u>		oloyee's address and ZIF			
		sly reported		Correct information		Previously reporte			Correct information
1	Wages, tips, oth	ner compensation	1	Wages, tips, other compensation	2 Fe	deral income tax withhel		2	Federal income tax withheld
		8,695.70		55,012.88			52.53		11,059.78
3	Social security		3	Social security wages	4 So	cial security tax withheld		4	Social security tax withheld
		0.00		38,345.56			0.00		2,377.42
5	Medicare wag	•	5	Medicare wages and tips	6 Me	edicare tax withheld	0 00	6	Medicare tax withheld
_	0 11 11	0.00	_	38,345.56			0.00		556.01
′	Social security	y tips	'	Social security tips	8 All	ocated tips		8	Allocated tips
9	Advance EIC	payment	9	Advance EIC payment	10 De	pendent care benefits		10	Dependent care benefits
11	Nonqualified p	olans	11	Nonqualified plans	12a Se	e instructions for box 12	8.57	12a	See instructions for box 12
13		tirement Third-party		Statutory Retirement Third-party	12b			12b	
	employee pla	an sick pay	ľ	employee plan sick pay	g D	3	21.87	å D	1,367.94
14	Other (see ins	tructions)	14	Other (see instructions)	12c			12c	
a	.70	ORSTT W/	H2 8	.69 ORSTT W/	H _q			Code	
		·		·	12d			12d	•
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				State Correction	n Info	rmation			
		sly reported		Correct information		Previously reporte	ed		Correct information
	State			State	15 Sta	ate		15	State
OI	₹		OR						
		ate ID number		Employer's state ID number	En	ployer's state ID numbe	r		Employer's state ID number
_	1163719-		-	163719-7					
16	State wages,	tips, etc. 8 , 695 . 70	16	State wages, tips, etc. 28,682.44	16 Sta	ate wages, tips, etc.		16	State wages, tips, etc.
17	State income	tax 662.61	17	State income tax 2,228.51	17 Sta	ate income tax		17	State income tax
Locality Correction Information									
	Previou	sly reported		Correct information		Previously reporte	ed		Correct information
18	Local wages,		18	Local wages, tips, etc.		cal wages, tips, etc.		18	Local wages, tips, etc.
19	Local income	tax	19	Local income tax	19 Lo	cal income tax		19	Local income tax
20	Locality name		20	Locality name	20 Lo	cality name		20	Locality name

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return

	44444	For Official Use Only OMB No. 1545-0008	y >						
a Employer's name, address, and ZIP code				c Tax	c Tax year/Form corrected d Employee's correct St			imployee's correct SSN	
AMAZON COM SERVICES LLC			2021 / w-2						
PO BOX 80726					rected SSN and/or nami incorrect on form previ			ox and complete boxes f and/or	
SI	EATTLE W.	A 98108			Comp	lete boxes f and/or g c	only if inco	orrect	on form previously filed ▶
					f Emp	oloyee's previously repo	orted SSN		
b	Employer's Fe	ederal EIN			g Emp	oloyee's previously repo	orted nam	e	
82	2-054468	7							
					h Emp	oloyee's first name and in	nitial	Last	name Suff.
					SAI	MANIDEEP		CHE	CEKATIMALLA
					2038	155TH PL NE	410		
N	lote: Only o	complete money fiel	lds t	hat are being corrected	BELL	EVUE WA 98007	,		
				MQGE, see the Instructions					
fo		-2c and W-3c, boxe	es 5	<u> </u>		oloyee's address and ZIF			
		sly reported		Correct information		Previously reporte			Correct information
1	Wages, tips, oth	ner compensation	1	Wages, tips, other compensation	2 Fe	deral income tax withhel		2	Federal income tax withheld
		8,695.70		55,012.88			52.53		11,059.78
3	Social security		3	Social security wages	4 So	cial security tax withheld		4	Social security tax withheld
		0.00		38,345.56			0.00		2,377.42
5	Medicare wag	•	5	Medicare wages and tips	6 Me	edicare tax withheld	0 00	6	Medicare tax withheld
_	0 11 11	0.00	_	38,345.56			0.00		556.01
′	Social security	y tips	'	Social security tips	8 All	ocated tips		8	Allocated tips
9	Advance EIC	payment	9	Advance EIC payment	10 De	pendent care benefits		10	Dependent care benefits
11	Nonqualified p	olans	11	Nonqualified plans	12a Se	e instructions for box 12	8.57	12a	See instructions for box 12
13		tirement Third-party		Statutory Retirement Third-party	12b			12b	
	employee pla	an sick pay	ľ	employee plan sick pay	g D	3	21.87	å D	1,367.94
14	Other (see ins	tructions)	14	Other (see instructions)	12c			12c	
a	.70	ORSTT W/	H2 8	.69 ORSTT W/	H _q			Code	
		·		·	12d			12d	•
0	.00	RSU	9,	995.27 RSU	C o d e			C o d e	
				State Correction	n Info	rmation			
		sly reported		Correct information		Previously reporte	ed		Correct information
	State			State	15 Sta	ate		15	State
OI	₹		OR						
		ate ID number		Employer's state ID number	En	ployer's state ID numbe	r		Employer's state ID number
_	1163719-		-	163719-7					
16	State wages,	tips, etc. 8 , 695 . 70	16	State wages, tips, etc. 28,682.44	16 Sta	ate wages, tips, etc.		16	State wages, tips, etc.
17	State income	tax 662.61	17	State income tax 2,228.51	17 Sta	ate income tax		17	State income tax
Locality Correction Information									
	Previou	sly reported		Correct information		Previously reporte	ed		Correct information
18	Local wages,		18	Local wages, tips, etc.		cal wages, tips, etc.		18	Local wages, tips, etc.
19	Local income	tax	19	Local income tax	19 Lo	cal income tax		19	Local income tax
20	Locality name		20	Locality name	20 Lo	cality name		20	Locality name

Corrected Wage and Tax Statement

Employers, Please Note:

Specific information needed to complete Form W-2c is given in the separate *Instructions for Forms W-2c and W-3c.* You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676).

You can also get forms and instructions from the IRS website at *www.irs.gov*. Electronic filing of Form W-2c is preferred. For information on how to file electronically, go to the Social Security Administration website at *www.socialsecurity.gov/employer*.