

44444		For Official Use Only ▶ OMB No. 1545-0008																																																									
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

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


Corrected Wage and Tax Statement

0000/1039


Department of the Treasury
Internal Revenue Service

4444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108		c Tax year/Form corrected 2021 / W-2	d Employee's correct SSN XXX-XX-3485
		e 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 ▶	
		f Employee's previously reported SSN	
b Employer's Federal EIN 82-0544687		g Employee's previously reported name	
		h Employee's first name and initial SAI MANIDEEP	Last name CHEEKATIMALLA
		Suff. 2038 155TH PL NE 410 BELLEVUE WA 98007	
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		i Employee's address and ZIP code	
Previously reported		Correct information	
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3 Social security wages 0.00	3 Social security wages 38,345.56	4 Social security tax withheld 0.00	4 Social security tax withheld 2,377.42
5 Medicare wages and tips 0.00	5 Medicare wages and tips 38,345.56	6 Medicare tax withheld 0.00	6 Medicare tax withheld 556.01
7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips
9 Advance EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans		12a See instructions for box 12 C 8.57	12a See instructions for box 12 C 34.28
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b D 321.87	12b D 1,367.94
14 Other (see instructions) 8.70 ORSTT W/H 0.00 RSU		14 Other (see instructions) 28.69 ORSTT W/H 9,995.27 RSU	12c 12d
State Correction Information			
Previously reported		Correct information	
15 State OR Employer's state ID number 01163719-7	15 State OR Employer's state ID number 01163719-7	15 State Employer's state ID number	15 State Employer'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 wages, tips, etc.
17 State income tax 662.61	17 State income tax 2,228.51	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 1—State, City, or Local Tax Department

4444	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108		c Tax year/Form corrected 2021 / W-2		d Employee's correct SSN XXX-XX-3485			
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>					
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		f Employee's previously reported SSN					
b Employer's Federal EIN 82-0544687		g Employee's previously reported name					
		h Employee's first name and initial SAI MANIDEEP		Last name CHEEKATIMALLA			
		2038 155TH PL NE 410 BELLEVUE WA 98007		Suff.			
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		i Employee's address and ZIP code					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 8,695.70		1 Wages, tips, other compensation 55,012.88		2 Federal income tax withheld 1,652.53		2 Federal income tax withheld 11,059.78	
3 Social security wages 0.00		3 Social security wages 38,345.56		4 Social security tax withheld 0.00		4 Social security tax withheld 2,377.42	
5 Medicare wages and tips 0.00		5 Medicare wages and tips 38,345.56		6 Medicare tax withheld 0.00		6 Medicare tax withheld 556.01	
7 Social security tips		7 Social security tips		8 Allocated tips		8 Allocated tips	
9 Advance EIC payment		9 Advance EIC payment		10 Dependent care benefits		10 Dependent care benefits	
11 Nonqualified plans		11 Nonqualified plans		12a See instructions for box 12 EIC 8.57		12a See instructions for box 12 EIC 34.28	
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 EIC D 321.87		12b EIC D 1,367.94	
14 Other (see instructions) 8.70 ORSTT W/H 0.00 RSU		14 Other (see instructions) 28.69 ORSTT W/H 9,995.27 RSU		12c		12c	
14 Other (see instructions) 0.00		14 Other (see instructions) 0.00		12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State OR Employer's state ID number 01163719-7		15 State OR Employer's state ID number 01163719-7		15 State Employer's state ID number		15 State Employer'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 wages, tips, etc.	
17 State income tax 662.61		17 State income tax 2,228.51		17 State income tax		17 State income tax	
Locality Correction Information							
Previously 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 B—To Be Filed with Employee's FEDERAL Tax Return

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a Employer's name, address, and ZIP code AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108		c Tax year/Form corrected 2021 / W-2		d Employee's correct SSN XXX-XX-3485			
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>					
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		f Employee's previously reported SSN					
b Employer's Federal EIN 82-0544687		g Employee's previously reported name					
		h Employee's first name and initial SAI MANIDEEP		Last name CHEEKATIMALLA			
		2038 155TH PL NE 410 BELLEVUE WA 98007			Suff.		
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Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation <div style="text-align:right;">8,695.70</div>		1 Wages, tips, other compensation <div style="text-align:right;">55,012.88</div>		2 Federal income tax withheld <div style="text-align:right;">1,652.53</div>		2 Federal income tax withheld <div style="text-align:right;">11,059.78</div>	
3 Social security wages <div style="text-align:right;">0.00</div>		3 Social security wages <div style="text-align:right;">38,345.56</div>		4 Social security tax withheld <div style="text-align:right;">0.00</div>		4 Social security tax withheld <div style="text-align:right;">2,377.42</div>	
5 Medicare wages and tips <div style="text-align:right;">0.00</div>		5 Medicare wages and tips <div style="text-align:right;">38,345.56</div>		6 Medicare tax withheld <div style="text-align:right;">0.00</div>		6 Medicare tax withheld <div style="text-align:right;">556.01</div>	
7 Social security tips		7 Social security tips		8 Allocated tips		8 Allocated tips	
9 Advance EIC payment		9 Advance EIC payment		10 Dependent care benefits		10 Dependent care benefits	
11 Nonqualified plans		11 Nonqualified plans		12a See instructions for box 12 <small>SEC</small> <div style="text-align:right;">8.57</div>		12a See instructions for box 12 <small>SEC</small> <div style="text-align:right;">34.28</div>	
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 <small>SEC</small> <div style="text-align:right;">321.87</div>		12b <small>SEC</small> <div style="text-align:right;">1,367.94</div>	
14 Other (see instructions) 8.70 ORSTT W/H 0.00 RSU		14 Other (see instructions) 28.69 ORSTT W/H 9,995.27 RSU		12c <small>SEC</small>		12c <small>SEC</small>	
14 Other (see instructions) 0.00 RSU		14 Other (see instructions) 9,995.27 RSU		12d <small>SEC</small>		12d <small>SEC</small>	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State OR ----- Employer's state ID number 01163719-7		15 State OR ----- Employer's state ID number 01163719-7		15 State ----- Employer's state ID number		15 State ----- Employer's state ID number	
16 State wages, tips, etc. <div style="text-align:right;">8,695.70</div>		16 State wages, tips, etc. <div style="text-align:right;">28,682.44</div>		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax <div style="text-align:right;">662.61</div>		17 State income tax <div style="text-align:right;">2,228.51</div>		17 State income tax		17 State income tax	
Locality Correction Information							
Previously 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 C—For EMPLOYEE's RECORDS

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.

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7 Social security tips		7 Social security tips	
9 Advance EIC payment		9 Advance EIC payment	
11 Nonqualified plans		11 Nonqualified plans	
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"/>	
14 Other (see instructions) 8.70 ORSTT W/H 0.00 RSU		14 Other (see instructions) 28.69 ORSTT W/H 9,995.27 RSU	
12a See instructions for box 12 C 8.57		12a See instructions for box 12 C 34.28	
12b See instructions for box 12 D 321.87		12b See instructions for box 12 D 1,367.94	
12c See instructions for box 12		12c See instructions for box 12	
12d See instructions for box 12		12d See instructions for box 12	
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16 State wages, tips, etc. 8,695.70		16 State wages, tips, etc. 28,682.44	
17 State income tax 662.61		17 State income tax 2,228.51	
Locality Correction Information			
Previously reported		Correct information	
18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax		19 Local income tax	
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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		2038 155TH PL NE 410 BELLEVUE WA 98007	
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7 Social security tips		7 Social security tips	
9 Advance EIC payment		9 Advance EIC payment	
11 Nonqualified plans		11 Nonqualified plans	
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"/>	
14 Other (see instructions) 8.70 ORSTT W/H 0.00 RSU		14 Other (see instructions) 28.69 ORSTT W/H 9,995.27 RSU	
		12a See instructions for box 12 C 8.57	
		12b See instructions for box 12 D 321.87	
		12c	
		12d	
State Correction Information			
Previously reported		Correct information	
15 State OR		15 State OR	
Employer's state ID number 01163719-7		Employer's state ID number 01163719-7	
16 State wages, tips, etc. 8,695.70		16 State wages, tips, etc. 28,682.44	
17 State income tax 662.61		17 State income tax 2,228.51	
Locality Correction Information			
Previously reported		Correct information	
18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax		19 Local income tax	
20 Locality name		20 Locality name	

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.