44444	For Official Use Only OMB No. 1545-0008	y 🕨				
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
AMAZON WEB SERVICES INC			2021 / <b>W-2</b>	XXX-XX-3485		
PO BOX 80726			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
SEATTLE W.	A 98108		Complete boxes f and/or g only if inco	prrect on form <b>previously filed</b>		
			f Employee's previously reported SSN			
b Employer's Federal EIN 20-4938068			g Employee's previously reported name			
20 19 30 00	0		h Employee's first name and initial Last name Suff.			
			SAI MANIDEEP	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			
	isly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, oth		1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
	102,986.47	57,909.50	19,659.12	10,524.73		
3 Social security		3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wag	27,054.64	0.00 5 Medicare wages and tips	1,677.39 6 Medicare tax withheld	0.00 6 Medicare tax withheld		
	27,054.64	0.00	392.29	0.00		
7 Social security	y tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9 Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefits	ependent care benefits <b>10</b> 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	tirement Third-party	<b>13</b> Statutory Retirement Third-party	C 80.04	C 54.33		
employee pla		employée plan sick pay	D 3,097.38	D 2,051.31		
14 Other (see ins	structions)	<b>14</b> Other (see instructions)	12c	12c		
76.68	ORSTT W/	H57.93 ORSTT W/	H 12d	12d		
9995.27	RSU	0.00 RSU	120			
		State Correction		F		
	sly reported	Correct information	Previously reported	Correct information		
15 State OR		15 State OR	15 State	15 State		
Employer's sta 01474423-	ate ID number 5	Employer's state ID number 01474423-5	Employer's state ID number Employer's state ID numb			
16 State wages,	tips, etc. 76,656.03	<b>16</b> State wages, tips, etc. 31, 579.06	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income		<b>17</b> State income tax	17 State income tax	17 State income tax		
	5,748.92	4,282.23				
Locality Correction						
Previously reported         Correct information           18         Local wages, tips, etc.         18         Local wages, tips, etc.		18 Local wages, tips, etc.	Previously reported         Correct informatic           18         Local wages, tips, etc.         18         Local wages, tips, etc.			
19 Local income	lax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name	1	20 Locality name	20 Locality name	20 Locality 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

4444	For Official Use Onl OMB No. 1545-0008	•				
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
AMAZON WEB SERVICES INC			2021 / <b>W-2</b>	XXX-XX-3485		
PO BOX 80726			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
SEATTLE W.	A 98108		Complete boxes f and/or g only if inco	prrect on form previously filed >		
			f Employee's previously reported SSN			
<b>b</b> Employer's Fe	ederal EIN		g Employee's previously reported nam	e		
20-493806	8					
			h Employee's first name and initial SAI MANIDEEP	Last name Suff. CHEEKATIMALLA		
			· · · · · · · · · · · · · · · · · · ·			
Nata: Oaki a			2038 155TH PL NE 410			
		lds that are being corrected ving MQGE, see the Instructions	BELLEVUE WA 98007			
	-2c and W-3c, box		i Employee's address and ZIP code			
Previou	Isly reported	Correct information	Previously reported Correct information			
1 Wages, tips, oth	her compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
	102,986.47	57,909.50	19,659.12	10,524.73		
3 Social security	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
	27,054.64	0.00	1,677.39	0.00		
5 Medicare wag		5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
	27,054.64	0.00		0.00		
7 Social security	y tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9 Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefits	<b>10</b> Dependent care benefits		
11 Nonqualified p	plans	11 Nonqualified plans	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12		
			<sup>c</sup> 80.04	C 54.33		
	etirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b D 3,097.38	<b>12b</b>		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
76.68	ORSTT W/	 H57.93 ORSTT W/	H <sup>c</sup> H <sup>c</sup>	C o d e		
			12d	12d		
9995.27	RSU	0.00 RSU	o d e	C o d e		
		State Correction				
Previou 15 State	isly reported	Correct information 15 State	Previously reported 15 State	Correct information 15 State		
OR		OR	15 State			
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
01474423-		01474423-5				
16 State wages,		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
	76,656.03	31,579.06				
17 State income	tax	17 State income tax	17   State income tax   17   State income tax			
5,748.92     4,282.23       Locality Correction Information						
Breviou	Isly reported	Correct information	Previously reported	Correct information		
18 Local wages,	<i>i i</i>	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		
00 1 5 124						
20 Locality name	9	20 Locality name	20 Locality name	20 Locality name		

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

**Corrected Wage and Tax Statement** 

Copy 1—State, City, or Local Tax Department

4444	For Official Use Onl OMB No. 1545-0008	•	Safe, accurate, FAST! Use	IRS -	<i>file</i>	Visit the IRS website at www.irs.gov.	
a Employer's name, address, and ZIP code			c Tax year/Form correcte	d	d Employee's correct SSN		
AMAZON WEB SERVICES INC			2021 / <b>W-2</b> XXX-XX-3485				
PO BOX 80726			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
SEATTLE W.	A 98108		Complete boxes f and/o	r a only if inco	prrect on fo	orm previously filed ►	
			f Employee's previously	• •			
<b>b</b> Employer's Fe	ederal EIN		g Employee's previously reported name				
20-493806	8						
			h Employee's first name and initial Last name Suff.				
			SAI MANIDEEP  CHEEKATIMALLA				
Nata: Ophy a	amplete meney fiel	Ide that are being corrected	2038 155TH PL I BELLEVUE WA 98				
		lds that are being corrected ving MQGE, see the Instructions	DELLEVUE WA 900	007			
	-2c and W-3c, box		i Employee's address and	d ZIP code			
Previou	sly reported	Correct information	Previously rep	orted	Co	rrect information	
1 Wages, tips, oth	•	1 Wages, tips, other compensation	2 Federal income tax with		2 Feder	al income tax withheld	
	102,986.47	57,909.50		9,659.12		10,524.73	
3 Social security		3 Social security wages	4 Social security tax with		4 Socia	I security tax withheld	
5 Medicare wag	27,054.64	5 Medicare wages and tips	<ul> <li>6 Medicare tax withheld</li> </ul>	1,677.39	6 Media	0.00 care tax withheld	
	27,054.64			392.29	<b>U</b> Mount	0.00	
7 Social security		7 Social security tips	8 Allocated tips 8 Allocated tips		ated tips		
9 Advance EIC	payment	9 Advance EIC payment	10         Dependent care benefits         10         Dependent care benefits		ndent care benefits		
11 Nonqualified p	olans	11 Nonqualified plans	<b>12a</b> See instructions for box 12		12a See instructions for box 12		
			<sup>c</sup> <sub>a</sub> C 80.04		<sup>c</sup> C	54.33	
13 Statutory Re employee pla	etirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	<b>12b</b> ្		<b>12b</b>		
			e	3,097.38	e	2,051.31	
14 Other (see ins		14 Other (see instructions)	12c		<b>12c</b> ୍ଟ	l	
76.68	ORSTT W/	H57.93 ORSTT W/3	H <sup>d</sup> 12d		ੂ 12d		
9995.27	RSU	0.00 RSU	C o d e		C d		
			e		e		
		State Correction	on Information		1		
Previou	sly reported	Correct information	Previously rep	orted	Cor	rect information	
15 State		15 State	15 State		15 State		
OR		OR	Faralassada atata ID asarahan				
Employer's st	ate ID number 5	Employer's state ID number 01474423-5	Employer's state ID number		Emplo	oyer's state ID number	
<b>16</b> State wages,		16 State wages, tips, etc.	16 State wages, tips, etc. 16 State		16 State	wages, tips, etc.	
le clate hagee,	76,656.03	31,579.06					
17 State income		17 State income tax	17 State income tax		17 State income tax		
5,748.92 4,282.23							
Locality Correcti							
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.		wages, tips, etc.		
19 Local income	tax	19 Local income tax	19 Local income tax		<b>19</b> Local income tax		
20 Locality name	3	20 Locality name	20 Locality name		20 Local	ity name	

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

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

**Corrected Wage and Tax Statement** 

4444	For Official Use Onl OMB No. 1545-0008	•	Safe, accurate, FAST! Use	IRS C ~	<i>file</i>	Visit the IRS website at <b>www.irs.gov</b> .	
a Employer's name, address, and ZIP code			c Tax year/Form corrected	ł	d Employee's correct SSN		
AMAZON WEB SERVICES INC			2021 / <b>W-2</b>				
PO BOX 80726			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
SEATTLE W	A 98108		Complete boxes f and/or	g only if inco	prrect on fo	rm previously filed >	
			f Employee's previously	reported SSN			
<b>b</b> Employer's Fe			g Employee's previously reported name				
20-493806	8		h Employee's first same and initial Last same				
			h Employee's first name and initial Last name Suff SAI MANIDEEP CHEEKATIMALLA				
			· · · · · · · · · · · · · · · · · · ·				
Note: Only (	complete money fie	lds that are being corrected	2038 155TH PL N BELLEVUE WA 980				
		ving MQGE, see the Instructions	DEDDEVOE WA JOC				
	-2c and W-3c, box		i Employee's address and	d ZIP code			
Previou	isly reported	Correct information	Previously repo	orted	Co	rrect information	
1 Wages, tips, ot		<b>1</b> Wages, tips, other compensation	2 Federal income tax wit		2 Feder	al income tax withheld	
	102,986.47	57,909.50		0,659.12		10,524.73	
3 Social security		3 Social security wages	4 Social security tax with		4 Social security tax withheld		
E Madiaara waa	27,054.64	0.00	6 Medicare tax withheld	.,677.39	6 Madia	0.00	
5 Medicare wag	27,054.64	5 Medicare wages and tips 0.00	<b>b</b> iviedicare tax withheid	392.29	<b>b</b> Wedic	care tax withheid 0.0(	
7 Social securit		7 Social security tips	8 Allocated tips	572.27	8 Alloca		
9 Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefits   10 Dependent care benefits				
11 Nonqualified	plans	11 Nonqualified plans	<b>12a</b> See instructions for box 12		12a See instructions for box 12		
			<sup>c</sup> <sub>a</sub> C 80.04		<sup>c</sup> C	54.33	
	etirement Third-party an sick pay	<b>13</b> Statutory Retirement Third-party employee plan sick pay	12b		<b>12b</b>		
			9	8,097.38	9	2,051.31	
14 Other (see ins	,	14 Other (see instructions)	ີ ເ		12c	1	
76.68	ORSTT W/	H57.93 ORSTT W/I			ੂ 12d		
9995.27	RSU	0.00 RSU	12d C 2				
			e		e		
		State Correction	n Information				
Previou	sly reported	Correct information	Previously reported Correct information			rect information	
15 State		15 State	15 State		15 State		
OR		OR					
	Employer's state ID number Employer's state ID number		Employer's state ID number Employer's state ID number				
01474423-		01474423-5					
16 State wages,	tips, etc. 76,656.03	<b>16</b> State wages, tips, etc. 31, 579.06	<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		
17 State income		17 State income tax			17 State	income tax	
	5,748.92	4,282.23			17 State income tax		
		ion Information					
Previously reported Correct information		Previously reported Correct information		rect 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 Local	ity name	

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

**Corrected Wage and Tax Statement** 

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.

4444	For Official Use Only OMB No. 1545-0008	y 🕨				
a Employer's name, address, and ZIP code			c Tax year/Form corrected	<b>d</b> Employ	d Employee's correct SSN	
AMAZON WEB SERVICES INC			2021 / <b>W-2</b>	XXX-XX	X-3485	
PO BOX 80726			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
SEATTLE W.	A 98108		Complete boxes f and/or g only if inco	prrect on fo	orm previously filed	
			f Employee's previously reported SSN			
b Employer's Federal EIN 20-4938068			g Employee's previously reported name	9		
			h Employee's first name and initial SAI MANIDEEP	Last name Suff. CHEEKATIMALLA		
			2038 155TH PL NE 410			
Note: Only o	complete money fiel	ds that are being corrected	BELLEVUE WA 98007			
(exception: f	or corrections invol-	ving MQGE, see the Instructions				
	-2c and W-3c, box	,	i Employee's address and ZIP code			
1 Wages, tips, oth	Isly reported	Correct information           1 Wages, tips, other compensation	Previously reported     Federal income tax withheld		rrect information	
i wages, ups, ou	102,986.47	57,909.50	19,659.12		10,524.73	
3 Social security		3 Social security wages	4 Social security tax withheld	4 Socia	al security tax withheld	
	27,054.64	0.00	1,677.39			
5 Medicare wag		5 Medicare wages and tips	6 Medicare tax withheld	6 Medie	care tax withheld	
7.0	27,054.64	0.00	392.29	0 4/1	0.00	
7 Social security	y tips	7 Social security tips	8 Allocated tips	8 Alloca	ated tips	
9 Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefits	10 Depe	ndent care benefits	
11 Nonqualified p	olans	11 Nonqualified plans	12a See instructions for box 1212a See instructions for box $\begin{aligned} \label{eq:construction} & \begin{aligned} \label{eq:construction} & ali$		nstructions for box 12	
13 Statutory Re employee pla	etirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	<b>12b</b>	<b>12b</b> ິ D	2,051.31	
14 Other (see ins	structions)	14 Other (see instructions)	* 12c	12c		
76.68	ORSTT W/	H57.93 ORSTT W/	Gad He	C o d e		
9995.27	RSU	0.00 RSU	12d	12d		
			o d e	C o d e	I	
		State Correction	n Information			
Previou	sly reported	Correct information	Previously reported	Cor	rrect information	
15 State		15 State	15 State	15 State		
OR		OR				
Employer's st	ate ID number 5	Employer's state ID number	Employer's state ID number	Emple	oyer's state ID number	
<b>16</b> State wages,		16 State wages, tips, etc. 31,579.06	16 State wages, tips, etc.	16 State	wages, tips, etc.	
17 State income		17 State income tax 4,282.23	17 State income tax   17 State income tax		income tax	
Locality Correction Information						
Previously reported Correct information		Previously reported Correct informati		rrect information		
18 Local wages,	· ·	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	3	20 Locality name	20 Locality name	20 Local	ity name	

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

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

**Corrected Wage and Tax Statement** 

4444	For Official Use Onl OMB No. 1545-0008	-				
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
AMAZON WEB SERVICES INC			2021 / <b>W-2</b>	XXX-XX-3485		
PO BOX 80726			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
SEATTLE W	A 98108		Complete boxes f and/or g only if inco	orrect on form <b>previously filed</b> ►		
			f Employee's previously reported SSN			
b Employer's Federal EIN 20-4938068			g Employee's previously reported name			
			h Employee's first name and initial	Last name Suff.		
			SAI MANIDEEP  CHEEKATIMALLA			
Nata Oak			2038 155TH PL NE 410			
		lds that are being corrected ving MQGE, see the Instructions	BELLEVUE WA 98007			
	-2c and W-3c, box		i Employee's address and ZIP code			
	isly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, ot		1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social securit	102,986.47	57,909.50 3 Social security wages	19,659.12 4 Social security tax withheld	10,524.73 4 Social security tax withheld		
<b>3</b> Social securit	27,054.64	0.00				
5 Medicare wag		5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
	27,054.64	0.00	392.29	0.00		
7 Social securit	y 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	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12		
13 Statutory Re	etirement Third-party	13 Statutory Retirement Third-party	<sup>C</sup> <sub>a</sub> C 80.04	C 54.33		
	an sick pay	employee plan sick pay	<sup>c</sup> D 3,097.38	c ,		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
76.68	ORSTT W/	H57.93 ORSTT W/		C o d e		
9995.27	RSU	0.00 RSU	12d ©			
			o d e	d e		
		State Correction	n Information			
Previou	Isly reported	Correct information	Previously reported Correct information			
15 State		15 State	15 State	15 State		
OR		OR				
Employer's st 01474423-	ate ID number 5	Employer's state ID number 01474423-5	Employer's state ID number	Employer's state ID number		
16 State wages,	•	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
	76,656.03	31,579.06				
17 State income	tax 5,748.92	<b>17</b> State income tax 4,282.23				
Locality Correction						
	isly reported	Correct information	Previously reported	Correct information		
18 Local wages,	ແps, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.		
19 Local income	tax	19 Local income tax	<b>19</b> Local income tax	19 Local income tax		
20 Locality name	)	20 Locality name	20 Locality name	20 Locality name		

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

**Corrected Wage and Tax Statement** 

Copy D—For Employer Department of the Treasury Internal Revenue Service

## **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.*