

<b>44444</b>	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  AMAZON WEB SERVICES INC PO BOX 80726 SEATTLE WA 98108		<b>c</b> Tax year/Form corrected  2021 / <b>W-2</b>	
		<b>d</b> Employee's correct SSN  XXX-XX-3485	
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)	
		Complete boxes f and/or g only if incorrect on form <b>previously filed ▶</b>	
<b>f</b> Employee's <b>previously reported</b> SSN		<b>g</b> Employee's <b>previously reported</b> name	
<b>b</b> Employer's Federal EIN 20-4938068		<b>h</b> Employee's first name and initial SAI MANIDEEP	
<b>Note:</b> 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).		Last name CHEEKATIMALLA	
		Suff.  2038 155TH PL NE 410 BELLEVUE WA 98007	
<b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation 102,986.47		<b>1</b> Wages, tips, other compensation 57,909.50	
<b>2</b> Federal income tax withheld 19,659.12		<b>2</b> Federal income tax withheld 10,524.73	
<b>3</b> Social security wages 27,054.64		<b>3</b> Social security wages 0.00	
<b>4</b> Social security tax withheld 1,677.39		<b>4</b> Social security tax withheld 0.00	
<b>5</b> Medicare wages and tips 27,054.64		<b>5</b> Medicare wages and tips 0.00	
<b>6</b> Medicare tax withheld 392.29		<b>6</b> Medicare tax withheld 0.00	
<b>7</b> Social security tips		<b>7</b> Social security tips	
<b>8</b> Allocated tips		<b>8</b> Allocated tips	
<b>9</b> Advance EIC payment		<b>9</b> Advance EIC payment	
<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans	
<b>12a</b> See instructions for box 12 C   80.04		<b>12a</b> See instructions for box 12 C   54.33	
<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>13</b> Statutory employee Retirement plan Third-party sick pay	
<b>12b</b> D   3,097.38		<b>12b</b> D   2,051.31	
<b>14</b> Other (see instructions) 76.68 ORSTT W/H 9995.27 RSU		<b>14</b> Other (see instructions) 57.93 ORSTT W/H 0.00 RSU	
<b>12c</b>		<b>12c</b>	
<b>12d</b>		<b>12d</b>	
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State OR		<b>15</b> State OR	
Employer's state ID number 01474423-5		Employer's state ID number 01474423-5	
<b>16</b> State wages, tips, etc. 76,656.03		<b>16</b> State wages, tips, etc. 31,579.06	
<b>17</b> State income tax 5,748.92		<b>17</b> State income tax 4,282.23	
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<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>20</b> Locality name		<b>20</b> Locality name	

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

<b>4444</b>	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  AMAZON WEB SERVICES INC PO BOX 80726 SEATTLE WA 98108		<b>c</b> Tax year/Form corrected  2021 / <b>W-2</b>	<b>d</b> Employee's correct SSN  XXX-XX-3485
		<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 <b>previously filed ▶</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>b</b> Employer's Federal EIN 20-4938068		<b>g</b> Employee's <b>previously reported</b> name	
		<b>h</b> Employee's first name and initial SAI MANIDEEP	Last name CHEEKATIMALLA
		Suff. 2038 155TH PL NE 410 BELLEVUE WA 98007	
<b>Note:</b> 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).		<b>i</b> Employee's address and ZIP code	
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation 102,986.47	<b>1</b> Wages, tips, other compensation 57,909.50	<b>2</b> Federal income tax withheld 19,659.12	<b>2</b> Federal income tax withheld 10,524.73
<b>3</b> Social security wages 27,054.64	<b>3</b> Social security wages 0.00	<b>4</b> Social security tax withheld 1,677.39	<b>4</b> Social security tax withheld 0.00
<b>5</b> Medicare wages and tips 27,054.64	<b>5</b> Medicare wages and tips 0.00	<b>6</b> Medicare tax withheld 392.29	<b>6</b> Medicare tax withheld 0.00
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
<b>9</b> Advance EIC payment	<b>9</b> Advance EIC payment	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12 E C   80.04	<b>12a</b> See instructions for box 12 E C   54.33
<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>12b</b> E D   3,097.38	<b>12b</b> E D   2,051.31
<b>14</b> Other (see instructions) 76.68 ORSTT W/ 9995.27 RSU	<b>14</b> Other (see instructions) 57.93 ORSTT W/ 0.00 RSU	<b>12c</b> E C	<b>12c</b> E C
<b>12d</b> E C	<b>12d</b> E C	<b>12d</b> E C	<b>12d</b> E C
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State OR Employer's state ID number 01474423-5	<b>15</b> State OR Employer's state ID number 01474423-5	<b>15</b> State Employer's state ID number	<b>15</b> State Employer's state ID number
<b>16</b> 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.
<b>17</b> State income tax 5,748.92	<b>17</b> State income tax 4,282.23	<b>17</b> State income tax	<b>17</b> State income tax
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.	<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>19</b> Local income tax	<b>19</b> Local income tax
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name

Copy 1—State, City, or Local Tax Department

<b>4444</b>	<b>For Official Use Only</b> ▶ OMB No. 1545-0008	<b>Safe, accurate, FAST! Use</b>		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .			
<b>a</b> Employer's name, address, and ZIP code  AMAZON WEB SERVICES INC  PO BOX 80726  SEATTLE WA 98108		<b>c</b> Tax year/Form corrected  2021 / <b>W-2</b>		<b>d</b> Employee's correct SSN  XXX-XX-3485			
		<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 <b>previously filed</b> ▶					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  20-4938068		<b>g</b> Employee's <b>previously reported</b> name					
<b>Note:</b> 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).		<b>h</b> Employee's first name and initial SAI MANIDEEP		Last name CHEEKATIMALLA			
		2038 155TH PL NE 410  BELLEVUE WA 98007			Suff.		
<b>i</b> Employee's address and ZIP code							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation  102,986.47		<b>1</b> Wages, tips, other compensation  57,909.50		<b>2</b> Federal income tax withheld  19,659.12		<b>2</b> Federal income tax withheld  10,524.73	
<b>3</b> Social security wages  27,054.64		<b>3</b> Social security wages  0.00		<b>4</b> Social security tax withheld  1,677.39		<b>4</b> Social security tax withheld  0.00	
<b>5</b> Medicare wages and tips  27,054.64		<b>5</b> Medicare wages and tips  0.00		<b>6</b> Medicare tax withheld  392.29		<b>6</b> Medicare tax withheld  0.00	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips	
<b>9</b> Advance EIC payment		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 EIC C   80.04		<b>12a</b> See instructions for box 12 EIC C   54.33	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> 76.68 ORSTT W/ 9995.27 RSU		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> 57.93 ORSTT W/ 0.00 RSU		<b>12b</b> See instructions for box 12 EIC D   3,097.38		<b>12b</b> See instructions for box 12 EIC D   2,051.31	
<b>14</b> Other (see instructions) 76.68 ORSTT W/ 9995.27 RSU		<b>14</b> Other (see instructions) 57.93 ORSTT W/ 0.00 RSU		<b>12c</b> See instructions for box 12 EIC E		<b>12c</b> See instructions for box 12 EIC E	
<b>14</b> Other (see instructions) 9995.27 RSU		<b>14</b> Other (see instructions) 0.00 RSU		<b>12d</b> See instructions for box 12 EIC F		<b>12d</b> See instructions for box 12 EIC F	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State OR  Employer's state ID number 01474423-5		<b>15</b> State OR  Employer's state ID number 01474423-5		<b>15</b> State  Employer's state ID number		<b>15</b> State  Employer's state ID number	
<b>16</b> 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.	
<b>17</b> State income tax  5,748.92		<b>17</b> State income tax  4,282.23		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.		<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>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name	

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<b>a</b> Employer's name, address, and ZIP code  AMAZON WEB SERVICES INC  PO BOX 80726  SEATTLE WA 98108		<b>c</b> Tax year/Form corrected  2021 / <b>W-2</b>		<b>d</b> Employee's correct SSN  XXX-XX-3485			
		<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"/>					
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		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  20-4938068		<b>g</b> Employee's <b>previously reported</b> name					
		<b>h</b> Employee's first name and initial SAI MANIDEEP		Last name CHEEKATIMALLA			
		2038 155TH PL NE 410 BELLEVUE WA 98007			Suff.		
<b>Note:</b> 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).		<b>i</b> Employee's address and ZIP code					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation 102,986.47		<b>1</b> Wages, tips, other compensation 57,909.50		<b>2</b> Federal income tax withheld 19,659.12		<b>2</b> Federal income tax withheld 10,524.73	
<b>3</b> Social security wages 27,054.64		<b>3</b> Social security wages 0.00		<b>4</b> Social security tax withheld 1,677.39		<b>4</b> Social security tax withheld 0.00	
<b>5</b> Medicare wages and tips 27,054.64		<b>5</b> Medicare wages and tips 0.00		<b>6</b> Medicare tax withheld 392.29		<b>6</b> Medicare tax withheld 0.00	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips	
<b>9</b> Advance EIC payment		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 EIC 80.04		<b>12a</b> See instructions for box 12 EIC 54.33	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> 76.68 ORSTT W/ 9995.27 RSU		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> 57.93 ORSTT W/ 0.00 RSU		<b>12b</b> See instructions for box 12 EIC D 3,097.38		<b>12b</b> See instructions for box 12 EIC D 2,051.31	
<b>14</b> Other (see instructions) 76.68 ORSTT W/ 9995.27 RSU		<b>14</b> Other (see instructions) 57.93 ORSTT W/ 0.00 RSU		<b>12c</b> See instructions for box 12 EIC		<b>12c</b> See instructions for box 12 EIC	
<b>14</b> Other (see instructions) 9995.27 RSU		<b>14</b> Other (see instructions) 0.00 RSU		<b>12d</b> See instructions for box 12 EIC		<b>12d</b> See instructions for box 12 EIC	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State OR Employer's state ID number 01474423-5		<b>15</b> State OR Employer's state ID number 01474423-5		<b>15</b> State OR Employer's state ID number 01474423-5		<b>15</b> State OR Employer's state ID number 01474423-5	
<b>16</b> State wages, tips, etc. 76,656.03		<b>16</b> State wages, tips, etc. 31,579.06		<b>16</b> State wages, tips, etc. 76,656.03		<b>16</b> State wages, tips, etc. 31,579.06	
<b>17</b> State income tax 5,748.92		<b>17</b> State income tax 4,282.23		<b>17</b> State income tax 5,748.92		<b>17</b> State income tax 4,282.23	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.		<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>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> 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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<b>7</b> Social security tips		<b>7</b> Social security tips	
<b>9</b> Advance EIC payment		<b>9</b> Advance EIC payment	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans	
<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>14</b> Other (see instructions)  76.68 ORSTT W/1 9995.27 RSU		<b>14</b> Other (see instructions)  57.93 ORSTT W/1 0.00 RSU	
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<b>12b</b> See instructions for box 12 D 3,097.38		<b>12b</b> See instructions for box 12 D 2,051.31	
<b>12c</b> See instructions for box 12		<b>12c</b> See instructions for box 12	
<b>12d</b> See instructions for box 12		<b>12d</b> See instructions for box 12	
<b>State Correction Information</b>			
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<b>15</b> State OR  Employer's state ID number 01474423-5		<b>15</b> State OR  Employer's state ID number 01474423-5	
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<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>20</b> Locality name		<b>20</b> Locality name	

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

<b>4444</b>	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  AMAZON WEB SERVICES INC PO BOX 80726 SEATTLE WA 98108		<b>c</b> Tax year/Form corrected  2021 / <b>W-2</b>	<b>d</b> Employee's correct SSN  XXX-XX-3485
		<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"/>	
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		<b>f</b> Employee's <b>previously reported</b> SSN	
		<b>g</b> Employee's <b>previously reported</b> name	
<b>b</b> Employer's Federal EIN 20-4938068		<b>h</b> Employee's first name and initial SAI MANIDEEP Last name CHEEKATIMALLA Suff.  2038 155TH PL NE 410 BELLEVUE WA 98007	
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<b>3</b> Social security wages 27,054.64		<b>3</b> Social security wages 0.00	
<b>5</b> Medicare wages and tips 27,054.64		<b>5</b> Medicare wages and tips 0.00	
<b>7</b> Social security tips		<b>7</b> Social security tips	
<b>9</b> Advance EIC payment		<b>9</b> Advance EIC payment	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans	
<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>14</b> Other (see instructions) 76.68 ORSTT W/RSU 9995.27		<b>14</b> Other (see instructions) 57.93 ORSTT W/RSU 0.00	
<b>12a</b> See instructions for box 12 E C 80.04		<b>12a</b> See instructions for box 12 E C 54.33	
<b>12b</b> See instructions for box 12 E D 3,097.38		<b>12b</b> See instructions for box 12 E D 2,051.31	
<b>12c</b> See instructions for box 12		<b>12c</b> See instructions for box 12	
<b>12d</b> See instructions for box 12		<b>12d</b> See instructions for box 12	
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State OR Employer's state ID number 01474423-5		<b>15</b> State OR Employer's state ID number 01474423-5	
<b>16</b> State wages, tips, etc. 76,656.03		<b>16</b> State wages, tips, etc. 31,579.06	
<b>17</b> State income tax 5,748.92		<b>17</b> State income tax 4,282.23	
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<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>20</b> Locality name		<b>20</b> 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](http://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](http://www.socialsecurity.gov/employer).