44444	For Official Use Only OMB No. 1545-0008		Safe, a FAST!	iccurate, Use	IRSCA	ile	Visit the IRS website at www.irs.gov.	e
a Employer's name, address, and ZIP code		c Tax year/Form corrected		d Employee's correct SSN				
Lottery Now Inc			2021 / w-2 812-88-4280					
2 Hot Springs Loop, Ste 105, Box 408			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)					
McAllister MT 59740			Complete boxes f and/or g only if incorrect on form previously filed f Employee's previously reported SSN					
b Employer's Fe	ederal EIN		g Employee's previously reported name					
84-3009065								
			h Employee's fi Hemanth	rst name an	d initial	Last name Gunta		Suff.
Note. Only con corrections inve	3408 shiraz loop, 78727 round.rock							
	-	for Form W-2c, boxes 5 and 6).	femployee's ac			TX		
	Isly reported ther compensation	Correct information 1 Wages, tips, other compensation		come tax withheld		2 Federal income tax withheld		
17287.54		11882.32	2715.47					
3 Social securi	ty wages	3 Social security wages	4 Social secur	rity tax withh	withheld		4 Social security tax withheld	
17287.54		11882.32	1071.83				736.71	
5 Medicare wages and tips		5 Medicare wages and tips	6 Medicare tax withheld			6 Medicare tax withheld		
17287.54 7 Social securi		11882.32 7 Social security tips			172.3 8 Alloca			
9		9	10 Dependent of	care benefit	S	10 Depe	ndent care benefits	
11 Nonqualified plans 11		11 Nonqualified plans	12a See instructions for box 12 $\stackrel{\circ}{2}$ DD 1583.7		12	12a See instructions for box 12		
13 Statutory employee pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b ^C			12b C d e		
14 Other (see ins	structions)	14 Other (see instructions)	12c			12c		
			ੂ 12d			ੂ 12d		
			C o d e			C o d e		
Proviou	Isly reported	State Correctio	-	on usly repo	rted	6	rrect informatior	n
15 State	isiy reported	15 State	15 State		nieu	15 State	meet information	1
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number		Employer's state ID number			
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State wages, tips, etc.			
17 State income	tax	17 State income tax	17 State income tax		17 State income tax			
Locality Correction Information								
	Isly reported	Correct information	Previously reported		Correct 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		19 Local income tax	19 Local income tax			19 Local income tax		
20 Locality name 20 Locality na		20 Locality name	20 Locality name 20 I		20 Locali	ty name		

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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			c Tax year/Form corrected	d Employee's correct SSN		
Lottery Now Inc			2021 / w-2	1 / w-2 812-88-4280		
2 Hot Springs Loop, Ste 105, Box 408			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
McAllist	cer	MT 59740	Complete boxes f and/or g only if incorrect on form previously filed			
			f Employee's previously reported SSN			
b Employer's Federal EIN 84-3009065			g Employee's previously reported name			
			h Employee's first name and initial Hemanth	Last name Suff. Guntaka		
Note. Only cor	nplete money fields th	at are being corrected (exception: for	3408 shiraz loop, 78727			
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).			round rock i Employee's address and ZIP code	TX 78665		
	isly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, other compensation 17287.54		1 Wages, tips, other compensation 11882.32	2 Federal income tax withheld 2715.47	2 Federal income tax withheld 1792.84		
³ Social securi 17287.54	Ĺ	3 Social security wages 11882.32	4 Social security tax withheld 1071.83	4 Social security tax withheld 736.71		
5 Medicare wages and tips 17287.54		5 Medicare wages and tips 11882.32	6 Medicare tax withheld 250.67	6 Medicare tax withheld 172.30		
7 Social securi	ty tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9 9		9	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified	plans	11 Nonqualified plans	$ \begin{array}{c} 12a \text{ See instructions for box 12} \\ \begin{array}{c} 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ 0\\ $	12a See instructions for box 12		
13 Statutory Pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
			12d c	12d		
			o d e	o d e		
		State Correctio	n Information			
Previou	Isly reported	Correct information	Previously reported	Correct information		
15 State		15 State	15 State	15 State		
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income	tax	17 State income tax	17 State income tax	17 State income tax		
Locality Correction Information						
	isly reported	Correct information	Previously reported	Correct 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		19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name 20 Locality name		20 Locality name	20 Locality name	20 Locality name		

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 there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable.

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	★				
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
Lottery	Now Inc		2021 / w-2	812-88-4280		
2 Hot Springs Loop, Ste 105, Box 408			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
McAllist	cer	MT 59740	Complete boxes f and/or g only if incorrect on form previously filed ►			
			f Employee's previously reported SSN			
b Employer's Fe	ederal EIN		g Employee's previously reported name			
84-30090)65			<u> </u>		
			h Employee's first name and initial Hemanth	Last name Suff. Guntaka		
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3,		3408 shiraz loop, 78727				
under Specific	Instructions for Form	W-2c, boxes 5 and 6).	round, rock T Employee's address and ZIP code	TX 78665		
	usly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, c 17287.54	other compensation 1	1 Wages, tips, other compensation 11882.32	2 Federal income tax withheld 2715.47	2 Federal income tax withheld 1792.84		
3 Social securi 17287.54		3 Social security wages 11882.32	4 Social security tax withheld 1071.83	4 Social security tax withheld 736.71		
	dicare wages and tips 5 Medicare wages and tips		6 Medicare tax withheld	6 Medicare tax withheld		
17287.54		11882.32	250.67	172.30		
7 Social securi	ity tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9		9	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified	plans	11 Nonqualified plans12a See instructions for box 12Image: Section of the section		DD 1264.67		
13 Statutory Re employee pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
			。 12d	。 12d		
			C d e	C o d e		
		State Correctio	n Information			
Previou	usly reported	Correct information	Previously reported	Correct information		
15 State		15 State	15 State	15 State		
Employer's st	tate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income	tax	17 State income tax	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	e tax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality name	9	20 Locality name	20 Locality name	20 Locality name		

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