4444	For Official Use Only OMB No. 1545-0008	/►					
a Employer's na	ime, address, and ZIP co	de	c Tax year/Form corrected	d Employee's correct SSN			
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2022 / W-2	796-78-6968			
NEW YORK, NY 10008			e 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 incor	rrect on form previously filed ►			
			f Employee's previously reported SSN				
b Employer's Fe			g Employee's previously reported name				
46-2283	648		In England 2 first same and initial				
			h Employee's first name and initial Sandeep	Last name Suff. Gogadi			
Note. Only complete money fields that are being corrected (exception: for 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).			SANDEEP GOGADI 50 NEPPERHAN ST 1106 YONKERS, NY 10701 i Employee's address and ZIP code				
	isly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securi	ty 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 plans	12a See instructions for box 12	12a See instructions for box 12			
	tirement Third-party	13 Statutory Retirement Third-party employee plan sick pay	DD 5484.75	DD 6771.53			
employee plan	n sick pay	employée plan sick p'ay	C o d e	C o d e			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			d 12d	d 12d			
			C O d e	C O d e			
		State Correctio					
	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 Correct					
	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 tax	19 Local income tax	19 Local income tax			
20 Locality name	9	20 Locality name	20 Locality name	20 Locality name			

Copy 1-State, City, or Local Tax Department

44444	For Official Use Only OMB No. 1545-0008		Safe, accurate, FAST! Use	IRSCA	file	Visit the IRS website at www.irs.gov.	9
a Employer's name, address, and ZIP code			c Tax year/Form corrected	1	d Employee's correct SSN		
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2022 / W-2 796-78-6968				
NEW YORK, NY 10008			e 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 previously filed >				
			f Employee's previously reported SSN				
b Employer's Fe	deral EIN		g Employee's previously reported name				
46-2283	648		h Frankriger in Grater and a				0#
			h Employee's first name a Sandeep		Last name Goga		Suff.
			SANDEEP GOGADI				
Note. Only complete money fields that are being corrected (exception: for 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).			50 NEPPERHAN ST 1106 YONKERS, NY 10701 i Employee's address and ZIP code				
Previou	Isly reported	Correct information	Previously repo	orted	Correct information		
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	hheld	2 Federal income tax withheld		
3 Social securi	ty wages	3 Social security wages	4 Social security tax with	held	4 Social security tax withheld		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medicare tax withheld		
7 Social securi	ty tips	7 Social security tips	8 Allocated tips		8 Allocated tips		
9		9	10 Dependent care benefi	ts	10 Deper	ndent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box		C	nstructions for box 12	
	tirement Third-party	13 Statutory Retirement Third-party	å DD 5484. 12b	75	DD 12b	6771.53	
employée pla		employée plan sick pay	2 2 12c		C o d e		
14 Other (see ins	structions)	14 Other (see instructions)			12c		
			12d		12d		
			d e		o d e	l	
		State Correctio	n Information				
Previou	Isly reported	Correct information	Previously repo	orted	Co	rrect information	1
15 State		15 State	15 State		15 State		
Employer's st	ate ID number	Employer's state ID number	Employer's state ID nun	nber	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		
		ion Information					
Previously reported Correct information		Previously repo	orted	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	Local income tax 19 Local income tax 19 Local income tax				
20 Locality name	2	20 Locality name	20 Locality name		20 Localit	ty name	

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44444	For Official Use Only OMB No. 1545-0008		Safe, accurate, FAST! Use	IRSC 1	file	Visit the IRS website at www.irs.gov.	9
a Employer's name, address, and ZIP code			c Tax year/Form corrected	1	d Employee's correct SSN		
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2022 / w-2 796-78-6968				
NEW YORK, NY 10008			e 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 previously filed ►				
			f Employee's previously reported SSN				
b Employer's Fe	ederal EIN		g Employee's previously reported name				
46-2283	648		L Frankriger in first server a		1 +		0.4
			h Employee's first name a Sandeep	no initiai	Last name Gogao		Suff.
			SANDEEP GOGA	DI			
Note. Only complete money fields that are being corrected (exception: for 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).			50 NEPPERHAN ST 1106 YONKERS, NY 10701 i Employee's address and ZIP code				
Previou	isly reported	Correct information	Previously repo	orted	Correct information		1
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with				
3 Social securi	ty wages	3 Social security wages	4 Social security tax with	held	4 Social security tax withheld		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medicare tax withheld		
7 Social security tips		7 Social security tips	8 Allocated tips		8 Allocated tips		
9		9	10 Dependent care benefi	ts	10 Deper	ndent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	DD 5484.		12a See ir	6771.53	
13 Statutory employee pla	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b C d		12b C d e		
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c		
			12d		12d	•	
			o d e		o d e	I	
		State Correctio					
Previou	Isly reported	Correct information	Previously rep	orted	Co	rrect information	
15 State	isly reported	15 State	15 State	onteu	15 State		
Employer's st	ate ID number	Employer's state ID number	Employer's state ID nun	nber	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.		wages, tips, etc.		
17 State income	tax	17 State income tax	17 State income tax 17 State income tax		ncome tax		
	ion Information		I				
Previou	isly reported	Correct information	Previously repo	orted	Co	rrect information	1
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	9	20 Locality name	20 Locality name		20 Localit	y name	

44444	For Official Use Only OMB No. 1545-0008					
a Employer's na	ime, address, and ZIP co	de	c Tax year/Form corrected	d Employee's correct SSN		
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2022 / W-2	796-78-6968		
NEW YORK, NY 10008			e 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 incor	rect on form previously filed ►		
			f Employee's previously reported SSN			
b Employer's Federal EIN			g Employee's previously reported name			
46-2283	648		In England 2 first same and initial	Last years		
			h Employee's first name and initial Sandeep	Last name Suff. Gogadi		
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			SANDEEP GOGADI 50 NEPPERHAN ST 1106 YONKERS, NY 10701 i Employee's address and ZIP code			
	isly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social securi	ty 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 plans	12a See instructions for box 12	12a See instructions for box 12 $\stackrel{\circ}{\downarrow}$ DD 6771.53		
13 Statutory Ret employee plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	DD 5484.75	DD 6771.53		
14 Other (see ins		14 Other (see instructions)	d 12c	d 12c		
			12d c	• 12d c		
			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 Correct	ion 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		

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