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For Official Use Only ▶  
OMB No. 1545-0008Safe, accurate,  
FAST! UseVisit the IRS website  
at [www.irs.gov](http://www.irs.gov).**a** Employer's name, address, and ZIP codeINSPERITY PEO SERVICES, L.P.  
RXSENSE HOLDINGS LLC  
19001 CRESCENT SPRINGS DR  
KINGWOOD TX 77339-3802**c** Tax year/Form corrected

2022 / W-2

**d** Employee's correct SSN

292-95-5240

**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 Federal EIN

76-0689539

**g** Employee's **previously reported** name**h** Employee's first name and initial  
VISHNUPRIYALast name  
LODARI

Suff.

22434 BRIGHT SKY DR  
CLARKSBURG MD 20871-6359**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).**i** Employee's address and ZIP code**Previously reported****Correct information****Previously reported****Correct information****1** Wages, tips, other compensation**1** Wages, tips, other compensation**2** Federal income tax withheld**2** Federal income tax withheld**3** Social security wages**3** Social security wages**4** Social security tax withheld**4** Social security tax withheld**5** Medicare wages 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 benefits**10** Dependent care benefits**11** Nonqualified plans**11** Nonqualified plans**12a** See instructions for box 12**12a** See instructions for box 12**13** Statutory employee  Retirement plan  Third-party sick pay **13** Statutory employee  Retirement plan  Third-party sick pay **12b****12b****14** Other (see instructions)**14** Other (see instructions)**12c****12c****12d****12d****State Correction Information****Previously reported****Correct information****Previously reported****Correct information****15** State**15** State**15** State**15** State

MD

MD

Employer's state ID number

Employer's state ID number

Employer's state ID number

Employer's state ID number

10384736

10384736

**16** State wages, tips, etc.**16** State wages, tips, etc.**16** State wages, tips, etc.**16** State wages, tips, etc.

48992.27

77299.97

**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 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



000166-3-5 1655