44444	For Official Use Only OMB No. 1545-0008	/ ▶					
a Employer's na	me, address, and ZIP cod	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	809-51-4735			
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 Employee's first name and initial Akarsh	Last name Suff. Varre			
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).			AKARSH VARRE 30 GATES MILL ST. 8210 HUNTSVILLE, AL 35806 i Employee's address and ZIP code				
	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securit	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 DD 5477.22	12a See instructions for box 12			
13 Statutory employee plan	rirement 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			
			e	e 			
Di		State Correction					
	sly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
Employer's sta	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					
	sly 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			

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77777	OMB No. 1545-0008		FAST! Use	G		at www.irs.gov.	
a Employer's name, address, and ZIP code			c Tax year/Form corrected	i	d Employee's correct SSN		
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2022 / w-2		809-51-4735		
NEW YOR	K, 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 for	m previously filed >	
			f Employee's previously reported SSN				
b Employer's Fe			g Employee's previously reported name				
46-2283	648						
			h Employee's first name a Akarsh	nd initial	Last name		
			AKARSH VARRE				
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).			30 GATES MILL ST. 8210 HUNTSVILLE, AL 35806 i Employee's address and ZIP code				
Previou	sly reported	Correct information	Previously repo	orted	Co	rrect information	
1 Wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	hheld	2 Federal income tax withheld		
3 Social securit	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 securit	ty tips	7 Social security tips	8 Allocated tips		8 Allocated tips		
9		9	10 Dependent care benefi	ts	10 Dependent care benefits		
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for bo	x 12	12a See in	structions for box 12	
			å DD 5477.	22	g DD	6764.00	
13 Statutory employee Plan	rirement Third-party n sick pay	13 Statutory employee Patirement plan Third-party sick pay	12b C d e		12b C d e		
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c		
			0 d e		d e		
			12d ្		12d		
			o d e		o d e		
		State Correction	n Information				
Previou	sly reported	Correct information	Previously repo	orted	Co	rrect 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					1		
Previou	sly reported	Correct information	Previously repo	orted	Co	rrect 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		ncome tax		
20 Locality name	•	20 Locality name	20 Locality name		20 Localit	y name	

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a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	l	d Employ	ee's correct SSN	
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2022 / W-2 809-51-4735				
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.)				
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			f Employee's previously reported SSN				
b Employer's Fe	deral EIN		g Employee's previously r	reported name			
46-2283	648						
			h Employee's first name ar Akarsh	nd initial	Last name Varre		Suff.
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Previou	sly reported	Correct information	Previously repo	orted	Coi	rrect information	
1 Wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	nheld	2 Federa	al income tax withheld	
3 Social securit	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 securit	ty tips	7 Social security tips	8 Allocated tips		8 Alloca	ted tips	
9		9	10 Dependent care benefit	ts	10 Deper	ndent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for boa		12a See in	estructions for box 12 6764.00	
13 Statutory employee plan	rirement 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 C		12c		
			12d		12d		
			C od e		C o d e		
		State Correction	n Information				
Previou	sly reported	Correct information	Previously repo	orted	Cor	rrect 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 st		yer'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				
Previou	sly reported	Correct information	Previously repo	orted	Coi	rrect information	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local v	wages, tips, etc.	
19 Local income	tax	19 Local income tax	19 Local income tax		19 Local i	ncome tax	
20 Locality name	•	20 Locality name	20 Locality name		20 Localit	y name	

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, ,							
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b Employer's Fed	deral EIN		g Employee's previously reported name				
46-2283	648						
			h Employee's first name and initial Akarsh	Last name Suff.			
			ANADCH WADDE	L			
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1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securit	y 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 Reti	irement Third-party sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b			
employee plai] Sick pay	employee plan sick pay	C O d e	C o d e			
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c			
			de	d e			
			12d	12d c i			
			e	e			
		State Correction	n Information	<u> </u>			
Previou	sly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
Employer's sta	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					
Previou	sly 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			