

|   |  |  |  |  |                               |
|---|--|--|--|--|-------------------------------|
| <b>a Employer's name, address and ZIP Code</b><br>FORD MOTOR COMPANY<br>ONE AMERICAN ROAD<br>DEARBORN MI 48126  |  | <b>c Tax year/ Form Corrected</b><br>2022        |  | <b>Employee's correct SSN</b><br>841-42-4408           |                               |
| <b>e Corrected SSN and/or name(Check this box and complete boxes f and/or g if incorrect on form previously filled)</b>   |  |  |  |  |                               |
| <b>Complete boxes f and/or g only if incorrect on form previously filled</b>  |  |  |  |  |                               |
| <b>f Employee's previously reported SSN</b>   |  |  |  |  |                               |
| <b>b Employer's Federal EIN</b><br>38-0549190   |  |  | <b>g Employee's previously reported name</b>                                       |  |                               |
|   |  |  | <b>h Employee's first name and initial</b><br>NAVEEN ADITYA VE                     |  | <b>Last Name</b><br>DANTULURI |
| <b>Note : Only complete money fields that are corrected (exception : for corrections involving MQGE, see the instructions for Forms W-2c and W-3c, boxes 5 and 6)</b> |  |  | <b>i Employee's address and ZIP code</b><br>31256 SHORECREST DR APT 24107<br>48377 |  |                               |
| <b>Previously Reported</b>  |  | <b>Correct Information</b>                       |  | <b>Previously Reported</b>                             |                               |
| <b>1 Wages, tips, other compensation</b><br>0.00  |  | <b>1 Wages, tips, other compensation</b><br>0.00 |  | <b>2 Federal income tax withheld</b><br>0.00           |                               |
| <b>3 Social security wages</b><br>0.00  |  | <b>3 Social security wages</b><br>26292.61       |  | <b>4 Social security tax withheld</b><br>0.00          |                               |
| <b>5 Medicare wages and tips</b><br>0.00  |  | <b>5 Medicare wages and tips</b><br>26292.61     |  | <b>6 Medicare tax withheld</b><br>0.00                 |                               |
| <b>7 Social security tips</b><br>0.00   |  | <b>7 Social security tips</b><br>0.00            |  | <b>10 Dependent care benefits</b><br>0.00              |                               |
| <b>11 Nonqualified plans</b><br>0.00  |  | <b>11 Nonqualified plans</b><br>0.00             |  | <b>12D 401 (k) TESP</b><br>0.00                        |                               |
| <b>13 Statutory employee</b>  |  | <b>13 Statutory employee</b>                     |  | <b>12M Uncollected soc sec tax</b><br>0.00             |                               |
| <b>Retirement plan</b>  |  | <b>Retirement plan</b>                           |  | <b>12N Uncollected medicare tax</b><br>0.00            |                               |
| <b>Third-party sick pay</b>   |  | <b>Third-party sick pay</b>                      |  | <b>12T Adoption benefits</b><br>0.00                   |                               |
| <b>14 Other(see instructions)</b><br>0.00   |  | <b>14 Other(see instructions)</b><br>0.00        |  | <b>12V Non statutory stock options</b><br>0.00         |                               |
| <b>14 PFL YTD</b><br>0.00   |  | <b>14 PFL YTD</b><br>0.00                        |  | <b>12W Health Savings Account</b><br>0.00              |                               |
| <b>14 UNITED WAY</b><br>0.00  |  | <b>14 UNITED WAY</b><br>0.00                     |  | <b>12DD Employer Sponsored Health Coverage</b><br>0.00 |                               |
| <b>30 UNION DUES</b><br>0.00  |  | <b>30 UNION DUES</b><br>0.00                     |  | <b>12AA Roth 401(k)</b><br>0.00                        |                               |
| <b>State Correction Information</b>   |  |  |  |  |                               |
| <b>Previously Reported</b>  |  | <b>Correct Information</b>                       |  | <b>Previously Reported</b>                             |                               |
| <b>15 State</b>   |  | <b>15 State</b>                                  |  | <b>15 State</b>  |                               |
| <b>Employer's state ID number</b>   |  | <b>Employer's state ID number</b>                |  | <b>Employer's state ID number</b>                      |                               |
| <b>16 State wages,tips,etc</b><br>0.00  |  | <b>16 State wages,tips,etc</b><br>0.00           |  | <b>16 State wages,tips,etc</b><br>0.00                 |                               |
| <b>17 State income tax</b><br>0.00  |  | <b>17 State income tax</b><br>0.00               |  | <b>17 State income tax</b><br>0.00                     |                               |
| <b>Locality Correction Information</b>  |  |  |  |  |                               |
| <b>Previously Reported</b>  |  | <b>Correct Information</b>                       |  | <b>Previously Reported</b>                             |                               |
| <b>18 Local wages,tips,etc.</b><br>0.00   |  | <b>18 Local wages,tips,etc.</b><br>0.00          |  | <b>18 Local wages,tips,etc.</b><br>0.00                |                               |
| <b>19 Local income tax</b><br>0.00  |  | <b>19 Local income tax</b><br>0.00               |  | <b>19 Local income tax</b><br>0.00                     |                               |
| <b>20 Locality name</b>   |  | <b>20 Locality name</b>                          |  | <b>20 Locality name</b>                                |                               |