

<b>44444</b>	For Official Use Only ► OMB No. 1545-0008	<b>Safe, accurate, FAST! Use</b>	<b>IRS E-file</b>	Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .			
<b>a</b> Employer's name, address, and ZIP code  JPMorgan Chase Bank, National Association  1111 Polaris Parkway  Columbus, OH 43240		<b>c</b> Tax year/Form corrected  2022 / W-2		<b>d</b> Employee's correct SSN  288-41-2753			
		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>					
		Complete boxes f and/or g only if incorrect on form <b>previously filed</b> ►					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  13-4994650		<b>g</b> Employee's <b>previously reported</b> name					
<b>Note:</b> 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).		<b>h</b> Employee's first name and initial Snehith Kumar		Last name Pendi			
		Suff. 940 W Round Grove Rd, Apt 1025					
		Lewisville, TX 75067					
<b>i</b> Employee's address and ZIP code							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation 18616.64		1 Wages, tips, other compensation 15804.14		2 Federal income tax withheld 2758.53		2 Federal income tax withheld 2441.11	
3 Social security wages 19179.14		3 Social security wages 16366.64		4 Social security tax withheld 1189.11		4 Social security tax withheld 1014.73	
5 Medicare wages and tips 19179.14		5 Medicare wages and tips 16366.64		6 Medicare tax withheld 278.10		6 Medicare tax withheld 237.32	
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 Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		12b	
14 Other (see instructions)		14 Other (see instructions)		12c		12c	
				12d		12d	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
15 State		15 State		15 State		15 State	
Employer's state 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	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
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 1—State, City, or Local Tax Department



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		<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>		
		<b>Complete boxes f and/or g only if incorrect on form previously filed ►</b>		
		<b>f</b> Employee's <b>previously reported</b> SSN		
<b>b</b> Employer's Federal EIN  13-4994650		<b>g</b> Employee's <b>previously reported</b> name		
<b>Note:</b> 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).		<b>h</b> Employee's first name and initial Snehi th Kumar		<b>Last name</b> Dendi
				<b>Suff.</b>
		940 W Round Grove Rd, Apt 1025 Lewisville, TX 75067		
		<b>i</b> Employee's address and ZIP code		
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>
<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>
<b>1</b> Wages, tips, other compensation 18616.64	<b>1</b> Wages, tips, other compensation 15804.14	<b>2</b> Federal income tax withheld 2758.53	<b>2</b> Federal income tax withheld 2441.11	<b>2</b> Federal income tax withheld 2441.11
<b>3</b> Social security wages 19179.14	<b>3</b> Social security wages 16366.64	<b>4</b> Social security tax withheld 1189.11	<b>4</b> Social security tax withheld 1014.73	<b>4</b> Social security tax withheld 1014.73
<b>5</b> Medicare wages and tips 19179.14	<b>5</b> Medicare wages and tips 16366.64	<b>6</b> Medicare tax withheld 278.10	<b>6</b> Medicare tax withheld 237.32	<b>6</b> Medicare tax withheld 237.32
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>12b</b>	<b>12b</b>	<b>12b</b>
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)	<b>12c</b>	<b>12c</b>	<b>12c</b>
		<b>12d</b>	<b>12d</b>	<b>12d</b>
<b>State Correction Information</b>				
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>
<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>
<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State	<b>15</b> State
Employer's state ID number		Employer's state ID number		Employer's state ID number
<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax	<b>17</b> State income tax
<b>Locality Correction Information</b>				
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>
<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>
<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name

**Copy C—For EMPLOYEE's RECORDS**

## 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.

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		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN 13-4994650		<b>g</b> Employee's <b>previously reported</b> name					
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		<b>i</b> Employee's address and ZIP code 940 W Round Grove Rd, Apt 1025 Lewisville, TX 75067		<b>Suff.</b>			
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
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13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12b	
14 Other (see instructions)		14 Other (see instructions)		12c		12c	
				12d		12d	
<b>State Correction Information</b>							
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Employer's state 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	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
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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 2—To Be Filed with Employee's State, City, or Local Income Tax Return