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	OMB No. 1545-0008		FAST! Use	E-file	at www.irs.gov.		
a Employer's name, address, and ZIP code			c Tax year/Form corrected		d Employee's correct SSN		
JPMorgan Chase Bank, National Association			2022 <b>/</b> W-2		288-41-2753		
1111 Polaris Parkway			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
Columbus,	ОН 43240		Complete boxes f and/or g only if incorrect on form <b>previously filed</b> ▶				
			f Employee's previously reporte	_			
b Employer's	Federal EIN		g Employee's previously reporte	ed name			
13-499	94650						
			h Employee's first name and initi Snehith Kumar	De	Last name endi	Suff.	
corrections	involving MQGÉ, see tl	that are being corrected (exception: for he General Instructions for Forms W-2 hs for Form W-2c, boxes 5 and 6).	940 W Round Grove Rd, A	Apt 102	5		
and W-3, ui	nder Specific mstruction	is for Portifi W-2C, boxes 5 and 6).	i Employee's address and ZIP o	ode			
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3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld		4 Social security tax withheld		
19179.14		16366.64	1189.11		1014.73		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medicare tax withheld		
19179.14	tuting	16366.64	278.10		237.32		
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 Nonqualifie	d plans	11 Nonqualified plans	12a See instructions for box 12		12a See instructions for box 12		
	Retirement Third-party plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b		12b c d e		
14 Other (see	instructions)	14 Other (see instructions)	12c C d e		12c		
			12d		12d		
		State Correctio	n Information				
Previo	ously reported	Correct information	Previously reported		Correct information		
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 wage	es, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State wages, tips, etc.		
17 State incor	ne tax	17 State income tax	17 State income tax		17 State income tax		
		Locality Correcti	on Information				
Previo	ously reported	Correct information	Previously reported		Correct information		
18 Local wage	es, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local wages, tips, etc.		
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20 Locality name 20 Locality name		20 Locality name 20 Locality name					
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a Employer's	OMB No. 1545-0008	rode		E-jue	1		
a Employer's name, address, and ZIP code			c Tax year/Form cor 2022 <b>/</b> W-		d Employee's correct SSN		
JPMorgan Chase Bank, National Association					is box and complete boxes f and	t/or	
1111 Polaris Parkway			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
Columbus,	ОН 43240		Complete boxes f	and/or g only if ince	orrect on form previously file	d ▶	
			f Employee's <b>previo</b>	ously reported SSN			
b Employer's	Federal FIN		g Employee's <b>previo</b>	usly reported name	1		
. ,			g	,			
13-499	94650		h Employee's first n	amo and initial	Last name	Suff.	
			Snehith Kumar	D	endi	Juli.	
corrections	involving MQGE, see the	that are being corrected (exception: for he General Instructions for Forms W-2 ns for Form W-2c, boxes 5 and 6).	940 W Round Gr Lewisville, TX i Employee's addre		5		
Previou	ısly reported	Correct information	Previously re		Correct information		
	other compensation	1 Wages, tips, other compensation	2 Federal income		2 Federal income tax withhe	eld	
18616.64		15804.14	2758.53		2441.11		
3 Social securi 19179.14	ity wages	3 Social security wages 16366.64	4 Social security tax withheld 4 Social security tax w 1189.11 1014.73		4 Social security tax withhel 1014.73	d	
5 Medicare wa 19179.14	ges and tips	5 Medicare wages and tips 16366.64			6 Medicare tax withheld 237.32		
7 Social securi	ity 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 2	12	
	Retirement Third-party	13 Statutory Retirement Third-party employee plan sick pay	12b		12b		
14 Other (see	instructions)	14 Other (see instructions)	12c		12c		
			e		е		
			12d <sup>ℂ</sup>		12d © <b> </b>		
			d e		d e		
		State Correctio					
	ously reported	Correct information	Previously 15 State	reported	Correct informati	on	
15 State 15 State		15 State		10 State			
Employer's	state ID number	Employer's state ID number	Employer's state ID number		Employer's state ID number		
16 State wage	es, 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 Correcti	on Information		<b>.</b>		
Previo	ously reported	Correct information	Previously	reported	Correct informati	on	
18 Local wage	es, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips	s, etc.	18 Local wages, tips, etc.		
19 Local incor	ne tax	19 Local income tax	19 Local income tax		19 Local income tax		
20 Locality na	me	20 Locality name	20 Locality name		20 Locality name		
Form W-2c (Rev. 8-2014)  Copy B—To Be Filed with Employee's FEDERAL Tax Return  Copy B—To Be Filed with Employee's FEDERAL Tax Return  Department of the Treasury Internal Revenue Service							

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	OMB No. 1545-0008			E-file at www.irs.gov.		
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
JPMorgan Chase Bank, National Association			2022 <b>/</b> W-2	288-41-2753		
1111 Polaris Parkway			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
Columbus,	ОН 43240		Complete boxes f and/or g only if incorrect on form <b>previously filed</b> ▶			
			f Employee's previously reported	ISSN		
b Employer's	Federal EIN		g Employee's previously reported	name		
13-49	94650					
			h Employee's first name and initial Snehith Kumar	Last name Suff.		
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3 Social securi	ity wages	3 Social security wages 16366.64	4 Social security tax withheld 1189.11	4 Social security tax withheld 1014.73		
5 Medicare wa 19179.14	iges and tips	5 Medicare wages and tips 16366.64	6 Medicare tax withheld 278.10	6 Medicare tax withheld 237.32		
7 Social secur	ity tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9		9	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualifie	d plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12		
13 Statutory employee	Retirement Third-party plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b		
14 Other (see	instructions)	14 Other (see instructions)	12c	12c		
			12d C O d	12d c g		
		State Correctio	n Information	•		
	ously reported	Correct information	Previously reported	Correct information		
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 wage	es, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State incor	me tax	17 State income tax	17 State income tax	17 State income tax		
		Locality Correcti	on Information	ı		
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18 Local wage		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local inco	me tax	19 Local income tax	19 Local income tax	19 Local income tax		
20 Locality na	me	20 Locality name	20 Locality name 20 Locality name			

## **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.

a Employer's and ZIP code  JPROGRAM, National Association  1111 Folaris Parkway  Columbus, Oil 43240  Employer's Federal EIN  13-4994650  Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Form's W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).  Previously reported  Ordered Information  1 Wages, tips, other compensation 1 1863.6.44  1 1989.11  1 10 16.6.64  1 1989.11  1 10 16.6.64  1 1989.11  1 10 10 1999.11  1 10 1999.11  1 10 10 1999.11  1 10 10 1999.11  1 10 10 1999.11  1 10 10 1999.11  1 10 10 1999.11  1 11 Nonqualified plans  1 1 Nonqualified plans  1 1 Nonqualified plans  1 1 Nonqualified plans  1 1 Nonqualified plans  1 2 10 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<b>44444</b> For Off	Safe, accurate,	IRS		)	
ADMORPGEN Chase Rank, National Association   1111 Polaris Parkway   2021 /N 2   208-41-2753		OMB N					
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Golumbus, Oil 43340  Complete boxes I and/or g only if incorrect on form previously filled from the properties of SN  b Employer's Federal EIN  13-4994650  b Employer's Fredral EIN  13-4994650    h Employer's First name and initial sensitive from the pend of SN	ssociation		(2)		1/		
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b Employee's Federal EIN 13-4994650    b Employee's frest name and initial Seneth to Record to Recognition for Corrections involving MOSE, see the General Instructions for Forms W-2 and W-3, under Specific Instructions for Form Specific Instructions for Form W-2 and W-3, under Specific Instructi		Columbus, OH 4324	Complete boxes f and	d/or g only if inc	orrect on form previously file	d ▶	
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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).  Previously reported  Correct information  1 Wages, tips, other compensation 1 Wages, tips, other compensation 1 Seods, 1.4 1 Social security wages 1 Social security tax withheld 1 189 , 11 1 Social security tips 1 Social security tips 2 Social security tips 3 Social security tips 4 Social security tips 5 Medicare wages and tips 1 16366 , 64 2 78 , 10 2 78 , 10 2 78 , 10 2 8 Allocated tips 8 Allocated tips 9 9 10 Dependent care benefits 10 Dependent care benefits 11 Nonqualified plans 11 Other (see instructions) 12a See instructions for box 12 2 See instructions for box 12 2 State Correction Information  Previously reported  Correct information  Previously reported  Correct information  Employer's state ID number  Previously reported  Correct information			Snehith Kumar	C	Dendi	Suff.	
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13 Statutory Retirement Third-party employee plan   13 Statutory Plan   14 Other (see instructions)   14 Other (see instructions)   14 Other (see instructions)   14 Other (see instructions)   15 State   16 State wages, tips, etc.   16 State wages, tips, etc.   16 State wages, tips, etc.   16 State income tax   17 State information   12	11 Nonqualified plans	Nonqualified plans				12a See instructions for box 12	
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15 State		Previously re		ported	Correct information		
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