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a Employer's name, address, and ZIP code			<b>c</b> Tax ye	ar/Form corrected	<b>d</b> Employ	d Employee's correct SSN		
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Previous	sly reported	Correct information	Pr	eviously reported	Cor	rect information		
	other compensation	1 Wages, tips, other compensation	2 Fede	eral income tax withheld		al income tax withhel	d	
3 Social secur	ity wages	3 Social security wages	4 Soci	al security tax withheld	4 Socia	I security tax withheld	curity tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medic	6 Medicare tax withheld		
7 Social secur	ity tips	7 Social security tips	8 Allocated tips		8 Alloca	8 Allocated tips		
9 Advance EIC payment 9 Advance EIC payment		10 Dependent care benefits		<b>10</b> Depe	10 Dependent care benefits			
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box 12		12a See i	12a See instructions for box 12		
13 Statutory Ref		13 Statutory Retirement Third-party sick pay	12b		12b			
14 Other (see ins		14 Other (see instructions)	12c		12c			
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308205446871 <b>16</b> State wages		30820544687F001 <b>16</b> State wages, tips, etc.	601140	070 e wages, tips, etc.	601140070 <b>16</b> State wages, tips, etc.			
16 State wayes	55026.89			e wages, tips, etc.	10 State	e wages, tips, etc.		
17 State income		17 State income tax		e income tax	17 State	e income tax		
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

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a Employer's na	OMB No. 1545-0008 ame, address, and ZIP c	ode	c Tax year/Form corrected	d Employee's correct SSN					
			2022 / W-2  • Corrected SSN and/or name (Chec)	XXX-XX-8946					
AMAZON COM SERVICES LLC PO BOX 80726			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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			Complete boxes f and/or g only if inc  f Employee's previously reported SS						
			Employee a previously reported oc						
<b>b</b> Employer's Fe	ederal EIN		g Employee's previously reported na	ame					
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1 Wages, tips,	, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld					
3 Social secur	rity wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld					
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5 Medicare wa	ages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld					
7 Social secur	rity tips	7 Social security tips	8 Allocated tips	8 Allocated tips					
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9 Advance EIC payment 9 Advance EIC payment		9 Advance EIC payment	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					
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13 Statutory Re employee pla	tirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b					
14 Other (see in	]	14 Other (see instructions)	12c	12c					
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308205446871		30820544687F001	601140070	601140070					
16 State wages	•	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.					
17 State incom	55026.89 e tax	0.00	17 State income tax	17 State income tax					
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	sly reported	Correct information	Previously reported	Correct information					
18 Local wages	s, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.					
19 Local incom	e tax	19 Local income tax	19 Local income tax	19 Local income tax					
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a Employer's name, address, and ZIP code			c Tax year/Form corrected			d Employee's correct SSN			
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			e Corrected SS		e (Check thi	s box and	complete boxes f and	/or	
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			f Employee's pr			ct on form	oreviously filed >		
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		_	7710 KOTZ C	OURT APT	423				
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3 Social secur	ity wages	3 Social security wages	4 Social secu	rity tax withhe	ld	4 Socia	l security tax withheld	I	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld			6 Medicare tax withheld			
7 Social secur	ity tips	7 Social security tips	8 Allocated tips		8 Allocated tips				
9 Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefits		10 Dependent care benefits				
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11 Nonqualified	i pians	11 Nonqualified plans	12a See instruct	ions for box 1	12	12a See I	nstructions for box 12	1	
13 Statutory Ret employee pla	tirement Third-party an sick pay	13 Statutory Retirement Third-party sick pay	12b			12b □			
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14 Other (see ins	structions)	14 Other (see instructions)	12c			12c	1		
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VA		VA	NC			NC			
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308205446871		30820544687F001	601140070			601140070			
16 State wages	s, tips, etc. 55026.89	16 State wages, tips, etc.	16 State wages	s, tips, etc.		16 State	e wages, tips, etc.		
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18 Local wages	s, ups, etc.	18 Local wages, tips, etc.	18 Local wages	s, tips, etc.		ι <b>δ</b> Loca	I wages, tips, etc.		
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a Employer's na	ame, address, and ZIP co	ode	c Tax year/F	orm corrected		d Employ	yee's correct SSN	
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7 Social secur	ity tips	7 Social security tips	8 Allocated tips		8 Allocated tips			
9 Advance EIC	C payment	9 Advance EIC payment	10 Depende	10 Dependent care benefits		10 Dependent care benefits		
11 Nonqualified	Inlane	11 Nonqualified plans	12a See instr	uctions for box 1	12	122 500	instructions for box 12	2
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			12c			12c		
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17 State incom		17 State income tax	17 State inc	ome tax		17 State	e income tax	
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19 Local incom	e tax	19 Local income tax	19 Local inc	ome tax		19 Loca	l income tax	
20 Locality nan	ne	20 Locality name	20 Locality r	name		20 Loca	lity name	

## **Notice to Employee**

This is a corrected FormW-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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a Employer's na	ame, address, and ZIP o	ode	<b>c</b> Tax ye	ear/Form corrected	d Emplo	oyee's correct SSN		
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3 Social secur	rity wages	3 Social security wages	4 Soci	al security tax withheld	4 Soci	ial security tax withhel	d	
5 Medicare wa	ages and tips	5 Medicare wages and tips	6 Med	icare tax withheld	6 Medicare tax withheld			
7 Social security tips		7 Social security tips	8 Allocated tips		8 Allocated tips			
9 Advance EIC payment		9 Advance EIC payment	10 Dependent care benefits		10 Dependent care benefits			
11 Nonqualified	d plans	11 Nonqualified plans	12a See instructions for box 12		12a See instructions for box 12		2	
13 Statutory Re pla	_	13 Statutory Retirement Third-party sick pay	12b		12b			
14 Other (222 in		14 Other (see instructions)	12c		12c			
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16 State wages	•	16 State wages, tips, etc.		e wages, tips, etc.	16 Stat	te wages, tips, etc.		
17 State incom	55026.89	9 0.00	_	e income tax	17 Sta	te income tax		
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18 Local wages		18 Local wages, tips, etc.		al wages, tips, etc.		al wages, tips, etc.		
19 Local incom	ne tax	19 Local income tax	<b>19</b> Loca	al income tax	19 Loc	al income tax		
20 Locality nar	me	20 Locality name	20 Loca	ality name	<b>20</b> Loc	ality name		

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a Employer's na	ame, address, and ZIP of	ode	<b>c</b> Tax ye	ar/Form corrected	d Employee's correct SSN		
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		W-2c, boxes 5 and 6).					
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3 Social secur	rity wages	3 Social security wages	4 Socia	al security tax withheld	4 Social security tax withheld		d
5 Medicare wa	ages and tips	5 Medicare wages and tips	6 Medi	care tax withheld	6 Medicare tax withheld		
7 Social secur	rity tips	7 Social security tips	8 Alloc	ated tips	8 Allocated tips		
9 Advance EIG	C payment	9 Advance EIC payment	10 Dependent care benefits		10 Dependent care benefits		
11 Nonqualified	d plane	11 Nonqualified plans	12a See i	instructions for box 12	122 500	instructions for box 1	2
11 Nonquamie	a pians	11 Nonqualified plans	C C d	131146110113 101 300 12	C o	The structions for box 1.	2
13 Statutory Re employee pla	tirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	<u> </u>	12b	I	
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18 Local wages	ა, იცა, <del>დ</del> .დ.	18 Local wages, tips, etc.	Loca	ı wayes, tips, etc.	IO LOCA	al wages, tips, etc.	
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## **Employers, Please Note:**

Specific information needed to complete FormW-2c is given in the separate General Instructions for Forms W-2 and W-3, under *Specific Instructions for FormW-2c*. You can order those instructions and additional forms by calling 1-800-TAX-FORM (1-800-829-3676). You can also get forms and instructions from the IRS website at www.irs.gov.

**E-filing.** If you file 250 or more Form(s)W-2c, you must file electronically. Even if you are not required to file electronically, doing so can save you time and effort. Employers may now use the SSA's W-2 Online service to create, save, print and submit up to 50 Form(s) W-2c at a time over the Internet. When you e-file with the SSA, no separate FornW-3c filing is required. An electronic Form W-3c will be created for you by the V-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at www.socialsecurity.gov/employer.