

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code AMAZON COM SERVICES LLC PO BOX 80726 SEATTLE WA 98108	c Tax year/Form corrected 2022 / W-2	d Employee's correct SSN XXX-XX-8946	
e 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 previously filed ▶			
f Employee's previously reported SSN			
b Employer's Federal EIN 82-0544687			
g Employee's previously reported name			
h Employee's first name and initial SACHIN Last name TYAGI Suff.			
i Employee's address and ZIP code 7710 KOTZ COURT APT 423 CHARLOTTE NC 28269			
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for 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	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare 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 plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12
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
State Correction Information			
Previously reported		Correct information	
15 State VA Employer's state ID number 30820544687F001	15 State VA Employer's state ID number 30820544687F001	15 State NC Employer's state ID number 601140070	15 State NC Employer's state ID number 601140070
16 State wages, tips, etc. 55026.89	16 State wages, tips, etc. 0.00	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax 2855.70	17 State income tax 0.00	17 State income tax 5040.00	17 State income tax 7895.00
Locality Correction 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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A—For Social Security Administration

Form W-2c (Rev. 8-2014)

Corrected Wage and Tax Statement

Cat. No. 61437D

Department of the Treasury
Internal Revenue Service

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Copy 1—State, City, or Local Tax Department

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	Suff. 7710 KOTZ COURT APT 423 CHARLOTTE NC 28269	

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Locality Correction Information

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20 Locality name	20 Locality name	20 Locality name	20 Locality name

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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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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

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Employers, Please Note:

Specific information needed to complete Form W-2c is given in the separate General Instructions for Forms W-2 and W-3, under *Specific Instructions for Form W-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 Form W-3c filing is required. An electronic Form W-3c will be created for you by the W-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at www.socialsecurity.gov/employer.