

a Employer's name, address, and ZIP code NORTEK CONSULTING INC 2300 Valley View Ln Ste 825 Irving TX 75062 US	c Tax year/Form corrected 2022 / W-2	d Employee's correct SSN 779-30-2146
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		
g Employee's previously reported name		

b Employer's Federal EIN 82-2316678	h. Employee's first name and initial Anusha	Last name Mungi	Suff.
---	---	--------------------	-------

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).

i Employee's address and ZIP code
 908 Meadow Creek Dr Apt 3082
 Irving TX 75038
 US

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation 26208.00	1 Wages, tips, other compensation 26208.00	2 Federal income tax withheld 3563.74	2 Federal income tax withheld 3563.74
3 Social security wages 0.00	3 Social security wages 0.00	4 Social security tax withheld 0.00	4 Social security tax withheld 0.00
5 Medicare wages and tips 0.00	5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00	6 Medicare tax withheld 0.00
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 C o d e	12a See instructions for box 12 C o d e
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12b C o d e	12b C o d e
14 Other (see instructions)	14 Other (see instructions)	12c C o d e	12c C o d e
		12d C o d e	12d C o d e

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State TX Employer's state ID number 15-791597-5	15 State TX Employer's state ID number 15-791597-5	15 State TX Employer's state ID number 15-791597-5	15 State TX Employer's state ID number 15-791597-5
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

Locality Correction Information

Previously reported	Correct 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

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 name, address, and ZIP code NORTEK CONSULTING INC 2300 Valley View Ln Ste 825 Irving TX 75062 US	c Tax year/Form corrected 2022 / W-2	d Employee's correct SSN 779-30-2146
	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		
g Employee's previously reported name		

b Employer's Federal EIN 82-2316678	h. Employee's first name and initial Last name Suff. Anusha Mungi
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).	i Employee's address and ZIP code 908 Meadow Creek Dr Apt 3082 Irving TX 75038 US

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation 26208.00	1 Wages, tips, other compensation 26208.00	2 Federal income tax withheld 3563.74	2 Federal income tax withheld 3563.74
3 Social security wages 0.00	3 Social security wages 0.00	4 Social security tax withheld 0.00	4 Social security tax withheld 0.00
5 Medicare wages and tips 0.00	5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00	6 Medicare tax withheld 0.00
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 C o d e	12a See instructions for box 12 C o d e
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 C o d e	12b C o d e
14 Other (see instructions)	14 Other (see instructions)	12c C o d e	12c C o d e
		12d C o d e	12d C o d e

State Correction Information

Previously reported	Correct information	Previously reported	Correct information
15 State TX Employer's state ID number 15-791597-5	15 State TX Employer's state ID number 15-791597-5	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 Correction Information

Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.	18 Local wages, tips, etc.	19 Local income tax	19 Local income tax
20 Locality name	20 Locality name	20 Locality name	20 Locality name

44444

For Official Use Only
OMB No. 1545-0008**a** Employer's name, address, and ZIP codeNORTEK CONSULTING INC
2300 Valley View Ln Ste 825
Irving TX 75062
US**b** Employer's Federal EIN

82-2316678

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).**c** Tax year/Form corrected

2022

/ W-2

d Employee's correct SSN

779-30-2146

e Corrected SSN and/or name (Check this box and complete boxes f and/or
g if incorrect on form previously filed.) Complete boxes f and/or g only if incorrect on form **previously filed****f** Employee's **previously reported** SSN**g** Employee's **previously reported** name**h.** Employee's first name and initial

Anusha

Last name

Mungi

Suff.

i Employee's address and ZIP code908 Meadow Creek Dr Apt 3082
Irving TX 75038
US**Previously reported****Correct information****1** Wages, tips, other compensation

26208.00

1 Wages, tips, other compensation

26208.00

3 Social security wages

0.00

3 Social security wages

0.00

5 Medicare wages and tips

0.00

5 Medicare wages and tips

0.00

7 Social security tips**7** Social security tips**9****9****11** Nonqualified plans**11** Nonqualified plans**13** Statutory employee Retirement plan Third-party sick pay **13** Statutory employee Retirement plan Third-party sick pay **14** Other (see instructions)**14** Other (see instructions)**Previously reported****Correct information****2** Federal income tax withheld

3563.74

2 Federal income tax withheld

3563.74

4 Social security tax withheld

0.00

4 Social security tax withheld

0.00

6 Medicare tax withheld

0.00

6 Medicare tax withheld

0.00

8 Allocated tips**8** Allocated tips**10** Dependent care benefits**10** Dependent care benefits**12a** See instructions for box 12**12a** See instructions for box 12c
o
d
ec
o
d
ec
o
d
ec
o
d
ec
o
d
ec
o
d
ec
o
d
ec
o
d
e**State Correction Information****Previously reported****Correct information****Previously reported****Correct information****15** State

TX

Employer's state ID number

15-791597-5

15 State

TX

Employer's state ID number

15-791597-5

15 State

TX

Employer's state ID number

15-791597-5

15 State

TX

Employer's state ID number

15-791597-5

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**Locality Correction Information****Previously reported****Correct 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

44444	For Official Use Only OMB No. 1545-0008			
a Employer's name, address, and ZIP code NORTEK CONSULTING INC 2300 Valley View Ln Ste 825 Irving TX 75062 US		c Tax year/Form corrected 2022 / W-2	d Employee's correct SSN 779-30-2146	
		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 g Employee's previously reported name		
b Employer's Federal EIN 82-2316678		h. Employee's first name and initial Anusha	Last name Mungi	Suff.
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).		i Employee's address and ZIP code 908 Meadow Creek Dr Apt 3082 Irving TX 75038 US		
Previously reported		Correct information		
1 Wages, tips, other compensation 26208.00		1 Wages, tips, other compensation 26208.00		
3 Social security wages 0.00		3 Social security wages 0.00		
5 Medicare wages and tips 0.00		5 Medicare wages and tips 0.00		
7 Social security tips		7 Social security tips		
9		9		
11 Nonqualified plans		11 Nonqualified plans		
13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
14 Other (see instructions)		14 Other (see instructions)		
		12a See instructions for box 12 C o d e		
		12b C o d e		
		12c C o d e		
		12d C o d e		
State Correction Information				
Previously reported		Correct information		
15 State TX Employer's state ID number 15-791597-5		15 State TX Employer's state ID number 15-791597-5		
16 State wages, tips, etc.		16 State wages, tips, etc.		
17 State income tax		17 State income tax		
Locality Correction Information				
Previously reported		Correct information		
18 Local wages, tips, etc.		18 Local wages, tips, etc.		
19 Local income tax		19 Local income tax		
20 Locality name		20 Locality name		

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.