44444	For Official Use Onl OMB No. 1545-0008	•				
a Employer's r	name, address, and ZIP of		c Tax v	ear/Form corrected	d Empl	oyee's correct SSN
AMAZON COM SERVICES LLC			2022	/ <b>W-2</b>	XXX-XX-7498	
				·		and complete boxes f and/or
PO BOX 80				correct on form previously file		X
SEATTLE V	VA 98108		Comple	te boxes f and/or g only if in	correct on	form <b>previously filed</b> ▶
			f Emplo	oyee's previously reported SS	BN	
				ED FOR		
<b>b</b> Employer's R 82-054468			<b>g</b> Emplo	oyee's <b>previously reported</b> na	ıme	
			h Emplo	oyee's first name and initial UMAR	Last nar KESAF	ne Suff.
			214E	ARMOR BLVD APT 5	16	-
		lds that are being corrected ving MQGE, see the Instructions	KANSA	S CITY MO 64111		
	V-2c and W-3c, box	<u> </u>	<u> </u>	oyee's address and ZIP code		
	usly reported	Correct information		reviously reported	_	orrect information
1 Wages, tips, o	other compensation	1 Wages, tips, other compensation	2 Fede	eral income tax withheld	2 Fed	eral income tax withheld
3 Social secur	ity wages	3 Social security wages	4 Soci	al security tax withheld	4 Soc	ial security tax withheld
5 Medicare wa	ages and tips	5 Medicare wages and tips	6 Med	icare tax withheld	6 Med	dicare tax withheld
7 Social secur	ity tips	7 Social security tips	8 Allocated tips 8 Allocated tips		cated tips	
9 Advance EIC	payment	9 Advance EIC payment	<b>10</b> Depe	endent care benefits	<b>10</b> Dep	endent care benefits
11 Nonqualified	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	
14 Other (see in	nstructions)	14 Other (see instructions)	12c		12c	
			12d		12d	
		State Correction	n Infor	mation		
Previo	usly reported	Correct information	Pı	reviously reported	Co	orrect information
15 State		15 State	15 State	Э	<b>15</b> Stat	e
Employer's	state ID number	Employer's state ID number	Emp	loyer's state ID number	Emp	oloyer's state ID number
16 State wages	, tips, etc.	16 State wages, tips, etc.	16 State	e wages, tips, etc.	16 Stat	e wages, tips, etc.
17 State income	e tax	17 State income tax	17 State	e income tax	17 Stat	e income tax
		Locality Correct	ion Info	ormation		
Previo	usly reported	Correct information	Pı	reviously reported	Co	orrect information
18 Local wages	tips, etc.	18 Local wages, tips, etc.	18 Loca	al wages, tips, etc.	18 Loc	al wages, tips, etc.
19 Local incom	e tax	19 Local income tax	19 Loca	al income tax	19 Loc	al income tax
20 Locality nam	ne	20 Locality name	<b>20</b> Loca	ality name	<b>20</b> Loc	ality name

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

Form **W-2c** (Rev. 2-2009)

**Corrected Wage and Tax Statement** 

Copy A—For Social Security Administration

0000/1039

Department of the Treasury Internal Revenue Service

	44444	For Official Use Onl OMB No. 1545-0008				
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN			
AMAZON COM SERVICES LLC			Q	2022 / <b>W-2</b>	WWW WW 7400	
				e Corrected SSN and/or name (Check	this box and complete boxes f and/or	
	D BOX 80'			g if incorrect on form previously filed		
SI	EATTLE W	A 98108		Complete boxes f and/or g only if inco	orrect on form previously filed >	
				f Employee's previously reported SSN		
				APPLIED FOR		
	Employer's Fe 2-054468			g Employee's previously reported name	9	
				h Employee's first name and initial	Last name Suff.	
				SAI KUMAR	KESARLA VENKATA	
				214E ARMOR BLVD APT 51	б	
			lds that are being corrected	KANSAS CITY MO 64111		
		or corrections invol -2c and W-3c, box	ving MQGE, see the Instructions es 5 and 6)	i Employee's address and ZIP code		
		sly reported	Correct information	Previously reported	Correct information	
1		ner compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
	0 / 1 /	·				
3	Social security	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5	Medicare wag	es and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7	Social security	y 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 p	blans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	
13	Statutory Re employee pla	an Sick pay	13 Statutory Retirement Third-party employee plan Sick pay	12b	12b	
14	Other (see ins	tructions)	14 Other (see instructions)	12c	12c	
				12d	12d	
				C O d	C o d e	
				e	e	
			State Correction	n Information	1	
	Previou	sly reported	Correct information	Previously reported	Correct information	
15	State		15 State	15 State	15 State	
	Employer's sta	ate 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	
			Locality Correct	ion Information		
	Previou	sly 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	

Copy 1—State, City, or Local Tax Department

	44444	For Official Use Only OMB No. 1545-0008	y <b>&gt;</b>	Safe, accurate, FAST! Use	IRSP 1	fl <b>e</b>	Visit the IRS website at www.irs.gov.
a Employer's name, address, and ZIP code		c Tax year/Form corrected	i	<b>d</b> Employ	yee's correct SSN		
ΑN	MAZON CO	M SERVICES LL	С	2022 / <b>w-2</b>		XXX-XX	K-7498
PC	вох 80	726		e Corrected SSN and/or g if incorrect on form p	`		nd complete boxes f and/or
SI	EATTLE W	A 98108		Complete boxes f and/or	a only if inco	rrect on fo	
				f Employee's previously			protection, mod 7
				APPLIED FOR			
	Employer's Fe 2-054468			g Employee's previously	reported name	Э	
				h Employee's first name a	nd initial	Last name	e Suff
				SAI KUMAR		KESARI	LA VENKATA
				214E ARMOR BLVD	APT 51	б	
(€	exception: f	or corrections involved	ds that are being corrected ving MQGE, see the Instructions	KANSAS CITY MO			
TO		-2c and W-3c, boxe	,	i Employee's address and		0-	
-		her compensation	Correct information  1 Wages, tips, other compensation	Previously reportant 2 Federal income tax with			rrect information ral income tax withheld
		· 	wages, ups, other compensation	2 Federal Income tax with	nneia	2 Feder	ai income tax withheid
3	Social security	y wages	3 Social security wages	4 Social security tax with	held	4 Socia	I security tax withheld
5	Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medio	care tax withheld
7	Social security	y tips	7 Social security tips	8 Allocated tips		8 Alloca	ated tips
9	Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefit	ts	10 Depe	ndent care benefits
11	Nonqualified p	olans	11 Nonqualified plans	12a See instructions for box	x 12	12a See ii	nstructions for box 12
13	Statutory Re employee pla	otirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b		12b	
14	Other (see ins	structions)	14 Other (see instructions)	12c		<b>12c</b>	
				12d		12d	
				C od e		C o d e	ı
			State Correction	n Information			
	Draviou	sly reported	Correct information	Previously repo	orted	Cor	rect information
15	State	siy reported	15 State	15 State	Ji teu	15 State	
	· ·· · ·					5.0.0	
	Employer's st	ate ID number	Employer's state ID number	Employer's state ID nur	mber	Emplo	oyer'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
			Locality Correct	ion Information		<u> </u>	
	Previou	sly reported	Correct information	Previously repo	orted	Cor	rect information
18	Local wages,		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 Local	ity name

Copy B—To Be Filed with Employee's FEDERAL Tax Return

Form **W-2c** (Rev. 2-2009)

	44444	For Official Use Onli OMB No. 1545-0008	•	Safe, accurate, FAST! Use	IRS P	fl <b>e</b>	Visit the IRS websi at www.irs.gov.	te
a Employer's name, address, and ZIP code			c Tax year/Form corrected	i	<b>d</b> Employ	yee's correct SSN		
AMAZON COM SERVICES LLC			2022 / <b>w-2</b>		XXX-XX	K-7498		
PC	вох 80	726		e Corrected SSN and/or g if incorrect on form p	`		nd complete boxes f	and/or
SI	EATTLE W	A 98108		Complete boxes f and/or	a only if inco	orrect on fo	rm previously filed	
				f Employee's previously	· ,		m previously meu	
				APPLIED FOR				
	Employer's Fe 2-054468			g Employee's previously	· 			1
				h Employee's first name a SAI KUMAR		1	e LA VENKATA	Suff.
				214E ARMOR BLVI		6		
(€	exception: f		lds that are being corrected ving MQGE, see the Instructions	KANSAS CITY MO				
-		ısly reported	Correct information	i Employee's address and Previously repo		Col	rrect information	<u> </u>
1		her compensation	Wages, tips, other compensation	2 Federal income tax with			ral income tax withheld	
		· 	Trages, upo, carer compensation					
3	Social security	y wages	3 Social security wages	4 Social security tax with	held	4 Socia	I security tax withheld	l
5	Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medic	care tax withheld	
7	Social security	y tips	7 Social security tips	8 Allocated tips		8 Alloca	ated tips	
9	Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefit	ts	10 Deper	ndent care benefits	
11	Nonqualified p	olans	11 Nonqualified plans	12a See instructions for box	x 12	12a See ir	nstructions for box 12	
13		etirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan Sick pay	12b		12b		
14	Other (see ins	structions)	14 Other (see instructions)	12c C		<b>12c</b>		
				12d		12d		
				C o d e		C o d e	I	
			State Correction	n Information				
	Previou	sly reported	Correct information	Previously repo	orted	Cor	rect information	n
15	State	isiy reported	15 State	15 State	JI ICU	15 State		••
	Employer's st	ate ID number	Employer's state ID number	Employer's state ID nui	mber	Emplo	oyer's state ID number	 r
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 Correct	ion Information		ı		
	Previou	sly reported	Correct information	Previously repo	orted	Cor	rect information	n
18	Local wages,		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	3	20 Locality name	20 Locality name		20 Locali	ity name	
			1			1		

Copy C—For EMPLOYEE's RECORDS

Form **W-2c** (Rev. 2-2009)

**Corrected Wage and Tax Statement** 

Department of the Treasury Internal Revenue Service

## **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 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.

	44444	For Official Use Only OMB No. 1545-0008	y <b>&gt;</b>				
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN				
AMAZON COM SERVICES LLC			C	2022 / <b>W-2</b>	XXX-XX-7498		
PO	O BOX 80	726		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
SI	EATTLE W	A 98108		Complete boxes f and/or g only if inco			
				f Employee's previously reported SSN			
				APPLIED FOR			
	Employer's Fe 2-054468			g Employee's previously reported name	9		
				h Employee's first name and initial	Last name Suff.		
				SAI KUMAR	KESARLA VENKATA		
_	latar Only a	nomplete manay fiel	Ido that are being corrected	214E ARMOR BLVD APT 51 KANSAS CITY MO 64111	6		
			ds that are being corrected ving MQGE, see the Instructions	KANSAS CIII MO 04111			
		-2c and W-3c, boxe		i Employee's address and ZIP code			
		sly reported	Correct information	Previously reported	Correct information		
1	Wages, tips, oth	ner compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3	Social security	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5	Medicare wag	es and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7	Social security	y 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 p	blans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12		
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 ins	tructions)	14 Other (see instructions)	12c	12c		
				de	0		
				12d C	12d C		
				e	e 		
			State Correction	n Information			
	Previou	sly reported	Correct information	Previously reported	Correct information		
15	State		15 State	15 State	15 State		
	Employer's sta	ate 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		
			Locality Correct	ion Information			
		sly reported	Correct information	, i			
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 2—To Be Filed with Employee's State, City, or Local Income Tax Return

4444	For Official Use On OMB No. 1545-0008					
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN		
AMAZON COM SERVICES LLC			2022 / <b>W-2</b>	XXX-XX-7498		
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.)			
SEATTL	E WA 98108		Complete boxes f and/or g only if inco			
			f Employee's previously reported SSN			
			APPLIED FOR			
<b>b</b> Employe 82-054	er's Federal EIN 4687		g Employee's previously reported name			
			h Employee's first name and initial SAI KUMAR	Last name Suff. KESARLA VENKATA		
			214E ARMOR BLVD APT 51	6		
(exception		elds that are being corrected lving MQGE, see the Instructions	i Employee's address and ZIP code			
	viously reported	Correct information	Previously reported	Correct information		
	ips, other compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
i wages, t	ps, other compensation	i wages, tips, other compensation	2 Tederal income tax withheld			
3 Social s	ecurity wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicar	e wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social s	ecurity tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9 Advance	e EIC payment	9 Advance EIC payment	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqual	ified 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 (s	ee instructions)	14 Other (see instructions)	12c	12c		
			12d	12d		
			C O d e	C c d e		
		State Correction	n Information			
Dro	viously reported	Correct information	Previously reported	Correct information		
<b>15</b> State	viously reported	15 State	15 State	15 State		
Employe	er's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wa	ages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State inc	come tax	17 State income tax	17 State income tax	17 State income tax		
		Locality Correct	ion Information			
Previously reported Correct information		Previously reported	Correct information			
	ages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local in	come 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		

## **Employers, Please Note:**

Specific information needed to complete Form W-2c is given in the separate *Instructions for Forms W-2c and W-3c.* 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*. Electronic filing of Form W-2c is preferred. For information on how to file electronically, go to the Social Security Administration website at *www.socialsecurity.gov/employer*.