

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	d Employee's correct SSN		
	2022 / W-2	XXX-XX-7498		
	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			<input checked="" type="checkbox"/> X
	Complete boxes f and/or g only if incorrect on form previously filed ▶			
f Employee's previously reported SSN				
APPLIED FOR				
b Employer's Federal EIN	g Employee's previously reported name			
82-0544687				
	h Employee's first name and initial	Last name	Suff.	
	SAI KUMAR	KESARLA VENKATA		
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).	214E ARMOR BLVD APT 516			
	KANSAS CITY MO 64111			
i Employee's address and ZIP code				
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 <small>Statutory employee Retirement plan Third-party sick pay</small>	13 <small>Statutory employee Retirement plan Third-party sick pay</small>	12b	12b	
14 Other (see instructions)	14 Other (see instructions)	12c	12c	
		12d	12d	
State Correction 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 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		
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. 2-2009)


Corrected Wage and Tax Statement

0000/1039


Department of the Treasury
Internal Revenue Service

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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-7498
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input checked="" type="checkbox"/>	
		Complete boxes f and/or g only if incorrect on form previously filed ▶	
b Employer's Federal EIN 82-0544687		f Employee's previously reported SSN APPLIED FOR	
		g Employee's previously reported name	
		h Employee's first name and initial SAI KUMAR Last name KESARLA VENKATA Suff. 214E ARMOR BLVD APT 516 KANSAS CITY MO 64111	
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		i Employee's address and ZIP code	
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	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 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	
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	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
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-7498			
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input checked="" type="checkbox"/>					
		Complete boxes f and/or g only if incorrect on form previously filed ▶					
		f Employee's previously reported SSN APPLIED FOR					
b Employer's Federal EIN 82-0544687		g Employee's previously reported name					
		h Employee's first name and initial SAI KUMAR		Last name KESARLA VENKATA			
		214E ARMOR BLVD APT 516 KANSAS CITY MO 64111			Suff.		
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		i Employee's address and ZIP code					
Previously reported		Correct information		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		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 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	

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

44444	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
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-7498			
		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input checked="" type="checkbox"/>					
		Complete boxes f and/or g only if incorrect on form previously filed ▶					
		f Employee's previously reported SSN APPLIED FOR					
b Employer's Federal EIN 82-0544687		g Employee's previously reported name					
		h Employee's first name and initial SAI KUMAR		Last name KESARLA VENKATA			
		214E ARMOR BLVD APT 516 KANSAS CITY MO 64111		Suff.			
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		i Employee's address and ZIP code					
Previously reported		Correct information		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		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 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	

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 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.

4 4 4 4 4		For Official Use Only ▶ OMB No. 1545-0008		
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		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input checked="" type="checkbox"/>		
		Complete boxes f and/or g only if incorrect on form previously filed ▶		
		f Employee's previously reported SSN APPLIED FOR		
b Employer's Federal EIN 82-0544687		g Employee's previously reported name		
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		h Employee's first name and initial SAI KUMAR	Last name KESARLA VENKATA	Suff.
		Employee's address and ZIP code 214E ARMOR BLVD APT 516 KANSAS CITY MO 64111		
1 Previously reported		1 Correct information		
2 Previously reported		2 Correct information		
3 Previously reported		3 Correct information		
4 Previously reported		4 Correct information		
5 Previously reported		5 Correct information		
6 Previously reported		6 Correct information		
7 Previously reported		7 Correct information		
8 Previously reported		8 Correct information		
9 Previously reported		9 Correct information		
10 Previously reported		10 Correct information		
11 Previously reported		11 Correct information		
12a Previously reported		12a Correct information		
12b Previously reported		12b Correct information		
12c Previously reported		12c Correct information		
12d Previously reported		12d Correct information		
13 Previously reported		13 Correct information		
14 Previously reported		14 Correct information		
State Correction Information				
15 Previously reported		15 Correct information		
Employer's state ID number		Employer's state ID number		
16 Previously reported		16 Correct information		
State wages, tips, etc.		State wages, tips, etc.		
17 Previously reported		17 Correct information		
State income tax		State income tax		
Locality Correction Information				
18 Previously reported		18 Correct information		
Local wages, tips, etc.		Local wages, tips, etc.		
19 Previously reported		19 Correct information		
Local income tax		Local income tax		
20 Previously reported		20 Correct information		
Locality name		Locality name		

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return

4444	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-7498
	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input checked="" type="checkbox"/>		
	Complete boxes f and/or g only if incorrect on form previously filed ▶		
	f Employee's previously reported SSN APPLIED FOR		
b Employer's Federal EIN 82-0544687	g Employee's previously reported name		
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		h Employee's first name and initial SAI KUMAR	Last name KESARLA VENKATA
		Suff. 214E ARMOR BLVD APT 516 KANSAS CITY MO 64111	
i Employee's address and ZIP code			
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	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 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	
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

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.