44444	For Official Use Only ► OMB No. 1545-0008						
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN			
ELEMENT FLEET			2022/ W-2	XXX-XX-3864			
CORPORATION			e Corrected SSN and/or name (Check this box and complete boxes f and/or				
	OGEBROOK ROA	ΔD					
SPARKS	MD 21152		Complete boxes f and/or g only if incorrect on form previously filed ▶				
4L1	810106		f Employee's previously reported SSN				
b Employer's Fe			g Employee's previously reported name	,			
E Employor or o	36-2774	566	VENKATA AJAY	ADAPA			
			h Employee's first name and initial	Last name Suff.			
			VENKATA AJAY	KRISHNA ADAPA			
			967 BUTTER CREEK (CT			
•		at are being corrected (exception: for	3				
	•	General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	HOFFMAN ESTATES IL 60169				
	sly reported	Correct information	i Employee's address and ZIP code Previously reported	Correct information			
	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
· wagoo, apo, o	and compensation	1 Wagos, apo, other compensation	2 Todordi moono tax witimod	2 Todora moono tax wamoid			
3 Social securit	ty 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 securit	ty 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	12a See instructions for box 12			
13 Statutory Ret plan	rirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			12d	12d			
			C o d e	C o d e			
		State Correction	n Information				
Previou	sly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
IL Employer's state ID number		Employer's state ID number	Employer's state ID number	Employer's state ID number			
36-2774566 000 8							
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							
Previou	sly reported	Correct information	Previously reported	Correct 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 Locality name			

44444	For Official Use Only OMB No. 1545-0008	>					
a Employer's name, address, and ZIP code		de	c Tax year/Form corrected	d Employee's correct SSN			
ELEMENT FLEET			2022/ w-2	XXX-XX-3864			
CORPORA			e Corrected SSN and/or name (Check this box and complete boxes f and/or				
	OGEBROOK ROA	/D	g if incorrect on form previously filed.)				
SPARKS	MD 21152		Complete boxes f and/or g only if incorrect on form previously filed f Employee's previously reported SSN				
4L1	810106		Employee's previously reported 3514				
b Employer's Fe			g Employee's previously reported name				
	36-2774	566	VENKATA AJAY	ADAPA			
			h Employee's first name and initial VENKATA AJAY	Last name Suff. KRISHNA ADAPA			
N. O.	c. I I I		967 BUTTER CREEK (CT			
corrections inve		at are being corrected (exception: for General Instructions for W-2 and W-3, N-2c, boxes 5 and 6).	3 HOFFMAN ESTATES IL 60169 i Employee's address and ZIP code				
Previou	ısly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, o	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securi	ty 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	12a See instructions for box 12			
13 Statutory employee plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			₫ 12d	12d			
			C o d	C o d			
Droviou	ısly reported	State Correction Correct information					
15 State	isiy reported	15 State	15 State	Correct information 15 State			
IL		15 Glate	15 clate	13 otato			
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number			
	74566 000 8						
16 State wages,		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							
	isly reported	Correct information	Previously reported	Correct information			
18 Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.			
19 Local income		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		de	c Tax year/Form corrected	d Employee's correct SSN			
ELEMENT FLEET			2022/ W-2	XXX-XX-3864			
CORPORATION 940 RIDGEBROOK ROAD			e Corrected SSN and/or name (Check this box and complete boxes f and/or				
		aD.					
SPARKS	MD 21152		Complete boxes f and/or g only if incorrect on form previously filed				
4L1	810106		f Employee's previously reported SSN				
b Employer's Fe			g Employee's previously reported name	9			
36-2774566			VENKATA AJAY	ADAPA			
			h Employee's first name and initial	Last name Suff.			
			VENKATA AJAY	KRISHNA ADAPA			
			967 BUTTER CREEK	CT			
Note. Only com	nplete money fields tha	at are being corrected (exception: for	3				
	•	General Instructions for Forms W-2	HOFFMAN ESTATES IL 60169				
and W-3, under	r Specific Instructions	for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code				
Previou	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	ty wages	3 Social security wages	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 securit	ty 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	12a See instructions for box 12			
13 Statutory employee plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b			
14 Other (see ins	 structions)	14 Other (see instructions)	12c	12c			
	do	TT Street (GGG Inicia GGG)					
			12d	12d			
			C O d e e	C o d e			
			g 	e			
		State Correction	l Information	<u> </u>			
Previou	ısly reported	Correct information	Previously reported	Correct information			
15 State	ioly reported	15 State	15 State	15 State			
IL Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number			
Employer's state ID number		Employor o otato io mambor	Employer o state is named	Employer o deate is maniber			
36-2774566 000 8 16 State wages, tips, etc. 16 State wages, tips, etc.		16 State wages, tips, etc.	16 State wages, tips, etc.				
•		Otate wages, tips, etc.	To State wages, tips, etc.	To otate wages, tips, etc.			
17 State income	tax	17 State income tax	17 State income tax	17 State income tax			
Locality Correction Information							
Previou	sly reported	Correct information	Previously reported	Correct 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 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.