

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code RADIARE INC 3 THIRD STREET SUITE 260 BORDENTOWN, NJ 08505		c Tax year/Form corrected <p style="text-align:center;">2022/ w-2 C</p>	d Employee's correct SSN <p style="text-align:center;">148-96-1025</p>
		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 47-2058859		g Employee's previously reported name	
		h Employee's name, address, and ZIP code NARASIMHAN C BALAKRISHNAN RESIDENCE INN, 559 US-3130 NORTH HAMILTON, NJ 08620	
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).			
Previously reported		Correct information	
1 Wages, tips, other compensation <p style="text-align:center;">20894.24</p>	1 Wages, tips, other compensation <p style="text-align:center;">23333.16</p>	2 Federal income tax withheld <p style="text-align:center;">2058.73</p>	2 Federal income tax withheld <p style="text-align:center;">2355.97</p>
3 Social security wages <p style="text-align:center;">20894.24</p>	3 Social security wages <p style="text-align:center;">23333.16</p>	4 Social security tax withheld <p style="text-align:center;">1295.44</p>	4 Social security tax withheld <p style="text-align:center;">1446.65</p>
5 Medicare wages and tips <p style="text-align:center;">20894.24</p>	5 Medicare wages and tips <p style="text-align:center;">23333.16</p>	6 Medicare tax withheld <p style="text-align:center;">302.97</p>	6 Medicare tax withheld <p style="text-align:center;">338.33</p>
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	12a See instructions for box 12
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	12b
14 Other (see instructions) NJSUI 79.91 NJSDI 29.25 NJFLI 32.66	14 Other (see instructions) NJSUI 89.24 NJSDI 32.66 NJWFD 3.90 NJFLI 32.66	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
15 State NJ ----- Employer's state ID number 472-058-859/000	15 State NJ ----- Employer's state ID number 472-058-859/000	15 State Employer's state ID number	15 State Employer's state ID number
16 State wages, tips, etc. <p style="text-align:center;">20894.24</p>	16 State wages, tips, etc. <p style="text-align:center;">23333.16</p>	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax <p style="text-align:center;">984.27</p>	17 State income tax <p style="text-align:center;">1154.99</p>	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 2—To Be Filed with Employee's State, City, or Local Income Tax Return