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	OMB No. 1545-0008					
a Employer's na	ame, address, and ZIP co	ode	<b>c</b> Tax ye	ar/Form corrected	<b>d</b> Emplo	yee's correct SSN
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			f Employ	yee's previously reported SSN	I	
<b>b</b> Employer's Fo	ederal EIN		<b>g</b> Emplo	yee's <b>previously reported</b> nar	ne	
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			h Emplo	yee's first name and initial	Last nam	ne Suff.
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		at are being corrected (exception: for General Instructions for W-2 and W-3,	APT MM REDMON	203 D WA 98052		
under Specific	Instructions for Form V	V-2c, boxes 5 and 6).	i Employ	ee's address and ZIP code		
Previous	sly reported	Correct information	Pr	eviously reported	Co	rrect information
	, other compensation	1 Wages, tips, other compensation		ral income tax withheld	2 Fede	eral income tax withheld
	121809.80			26684.7		16367.50
3 Social secur	ity wages	3 Social security wages	4 Soci	al security tax withheld	4 Socia	al security tax withheld
5 Medicare wa	ages and tips	5 Medicare wages and tips	6 Medi	care tax withheld	6 Medi	care tax withheld
7 Social secur	rity tips	7 Social security tips	8 Alloc	ated tips	8 Alloc	ated tips
9 Advance EIC	C payment	9 Advance EIC payment	<b>10</b> Depo	endent care benefits	<b>10</b> Dep	endent care benefits
11 Nonqualified	l plans	11 Nonqualified plans	<b>12a</b> See	instructions for box 12	12a See	instructions for box 12
			o d e		o d e	
13 Statutory Re pla	tirement Third-party an sick pay	13 Statutory Retirement Third-party sick pay	12b	ĺ	12b	1
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14 Other (see in	structions)	14 Other (see instructions)	12c		12c	
			12d		12d	l
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	sly reported	Correct information		eviously reported		rrect information
15 State		15 State	<b>15</b> State	9	15 Stat	е
Employer's s	tate ID number	Employer's state ID number	Emplo	yer's state ID number	Emplo	yer's state ID number
16 State wages	s, tips, etc.	16 State wages, tips, etc.	16 State	e wages, tips, etc.	16 Stat	e wages, tips, etc.
17 State incom	e tax	17 State income tax	17 State	e income tax	17 Stat	e income tax
		Locality Correction	Infor	mation	ı	
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18 Local wages		18 Local wages, tips, etc.		ll wages, tips, etc.		al wages, tips, etc.
19 Local incom	e tax	19 Local income tax	19 Loca	Il income tax	<b>19</b> Loca	al income tax
20 Locality nam	ne	20 Locality name	20 Loca	llity name	<b>20</b> Loca	ality name

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

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a Employer's name, address, and ZIP code		c lax ye	ear/Form corrected	d Employee's correct SSN				
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				yee's previously reported SSN				
<b>b</b> Employer's F	ederal EIN		a Emplo	yee's previously reported name	<del></del>			
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i wayes, ups	121809.80		2 1 606	26684.72			67.50	
3 Social secu		3 Social security wages	4 Soci	al security tax withheld		al security tax withheld		
5 Medicare wa	ages and tips	5 Medicare wages and tips	6 Med	icare tax withheld	6 Medi	care tax withheld		
7 Social secu	rity tips	7 Social security tips	8 Alloc	cated tips	8 Allocated tips			
9 Advance El	C payment	9 Advance EIC payment	<b>10</b> Dep	endent care benefits	10 Dependent care benefits			
11 Nonqualifie	d plans	11 Nonqualified plans	12a See	instructions for box 12	12a See	instructions for box 12		
	etirement Third-party an sick pay	13 Statutory Retirement Third-party sick pay	12b	<u> </u>	12b			
14 Other (see in		14 Other (see instructions)	12c		12c			
	ou detiene,		C o d		C o d			
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16 State wage	s, tips, etc.	16 State wages, tips, etc.	16 Stat	e wages, tips, etc.	16 State	e wages, tips, etc.		
17 State incom	ne tax	17 State income tax	17 Stat	e income tax	17 State	e income tax		
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19 Local incom	ne tax	19 Local income tax	<b>19</b> Loca	al income tax	19 Loca	Il income tax		
20 Locality na	me	20 Locality name	<b>20</b> Loca	ality name	20 Loca	ility name		

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a Employer's na	<u>I</u> ame, address, and ZIP c	ode	c Tax year/F	orm corrected	d Em	ployee's correct S	SN
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AMAZON WEB :	SERVICES INC			SSN and/or name (Cot on form previous)		and complete boxe	s f and/or
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	other compensation	1 Wages, tips, other compensation		ncome tax withheld		ederal income tax	
2 Coolel coour	121809.80	81711.32  3 Social security wages			84.72		16367.50
3 Social secur		, ,		curity tax withheld		ocial security tax v	
5 Medicare wa	iges and tips	5 Medicare wages and tips	6 Medicare	tax withheld	6 M	edicare tax withhe	əld
7 Social secur	ity tips	7 Social security tips	8 Allocated	I tips	8 A	llocated tips	
9 Advance EIC	C payment	9 Advance EIC payment	10 Depende	nt care benefits	10	Dependent care be	nefits
11 Nonqualified	plans	11 Nonqualified plans	12a See instr	uctions for box 12	<b>12a</b> S	ee instructions for	r box 12
13 Statutory Re pla	tirement Third-party an sick pay	13 Statutory Retirement Third-party employee plan Sick pay	12b		12b	İ	
			o d e		o d e		
14 Other (see in:	structions)	14 Other (see instructions)	12c		12c		
			12d	•	12d		
			C o		C o d		
		State Correction	Informati	on.	e		
Previous	sly reported	Correct information		reviously report	ed	Correct info	ormation
15 State	.,,	15 State	15 State	orionally report	15 8		
Employer's s	tate ID number	Employer's state ID number	Employe	er's state ID number	Em	ployer's state ID n	ıumber
16 State wages	s, tips, etc.	16 State wages, tips, etc.	16 State wa	ges, tips, etc.	16	State wages, tips, e	etc.
17 State incom	e tax	17 State income tax	17 State inc	ome tax	17 8	State income tax	
		Locality Correction	Informa	tion	1		
	sly reported	Correct information		reviously report	ed	Correct info	ormation
18 Local wages		18 Local wages, tips, etc.		ges, tips, etc.		ocal wages, tips, o	
19 Local incom	e tax	19 Local income tax	19 Local inc	ome tax	19 L	ocal income tax	
20 Locality nan	ne	20 Locality name	20 Locality	name	<b>20</b> L	ocality name	

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a Employer's na	ame, address, and ZIP co	ode	c Tax year/Form corrected		d Employ	yee's correct SSN	
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	SERVICES INC		e Corrected SSN and/or name g if incorrect on form previous		is box and	complete boxes f and	
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			f Employee's previously re	ported SSN			
<b>b</b> Employer's Fe	ederal EIN		g Employee's previously re	ported name			
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			h Employee's first name an	d initial	Last nam	e	Suff.
			SHANMUKHA		ARCOT		- 1
			16529 NE 36TH CT				
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	sly reported	Correct information	Previously rep			Correct informati	
1 Wages, tips,	other compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Fede	ral income tax withhel	ld
2 0	121809.80			26684.72			67.50
3 Social secur	ity wages	3 Social security wages	4 Social security tax with	neld	4 Socia	al security tax withheld	d
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medio	care tax withheld	
7 Social secur	ity tips	7 Social security tips	8 Allocated tips		8 Alloc	ated tips	
9 Advance EIC	payment	9 Advance EIC payment	10 Dependent care benefits	s	<b>10</b> Dep	endent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	12	<b>12a</b> See	instructions for box 12	2
13 Statutory Re employee pla	tirement Third-party in sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b		12b	1	
emproyee pra	in sick pay	employee plain sick pay	C o d		C o d		
14 Other (see in:	structions)	14 Other (see instructions)	12c		12c		
		,	C o d e		C o d		
			12d		12d		
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	sly reported	Correct information	Previously rep	ported		Correct informati	ion
15 State		15 State	15 State		<b>15</b> State	Э	
Employer's s	tate ID number	Employer's state ID number	Employer's state ID numbe	er	Employ	ver's state ID number	
16 State wages	s, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State	e wages, tips, etc.	
17 State incom	e tax	17 State income tax	17 State income tax		17 State	e income tax	
		Locality Correction	Information		I		
Previous	sly reported	Correct information	Previously re	ported		Correct informati	ion
18 Local wages		18 Local wages, tips, etc.	18 Local wages, tips, etc.			I wages, tips, etc.	
19 Local incom	e tax	19 Local income tax	19 Local income tax		19 Loca	I income tax	
20 Locality nan	ne	20 Locality name	20 Locality name		20 Loca	lity name	

## **Notice to Employee**

This is a corrected FormW-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.

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a Employer's name, address, and ZIP co	de	c Tax year/Form corrected	d Employee's correct SSN				
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AMAZON WEB SERVICES INC PO BOX 80726		e Corrected SSN and/or name (Check the grif incorrect on form previously filed.)					
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Previously reported  1 Wages, tips, other compensation	Correct information  1 Wages, tips, other compensation	Previously reported 2 Federal income tax withheld	Correct information 2 Federal income tax withheld				
121809.80	81711.32	26684.72	16367.50				
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 Retirement Third-party sick pay	13 Statutory Retirement Third-party sick pay	12b	12b				
14 Other (see instructions)	14 Other (see instructions)	12c	12c				
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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  18 Local wages, tips, etc.	Correct information 18 Local wages, tips, etc.	Previously reported  18 Local wages, tips, etc.	Correct information 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				

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<b>a</b> Employer's na	OMB No. 1545-0008 ame, address, and ZIP c	ode	c Taxy	year/Form corrected	d Emplo	yee's correct SSN	
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	, other compensation	1 Wages, tips, other compensation		deral income tax withheld		eral income tax withheld	d
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3 Social secur	rity wages	3 Social security wages	<b>4</b> Soc	cial security tax withheld	4 Socia	al security tax withheld	1
5 Medicare wa	ages and tips	5 Medicare wages and tips	6 Me	dicare tax withheld	6 Medi	care tax withheld	
7 Social secur	rity tips	7 Social security tips	8 Allo	ocated tips	8 Alloc	cated tips	
9 Advance EIC	C payment	9 Advance EIC payment	<b>10</b> De	pendent care benefits	10 Dependent care benefits		
11 Nonqualified	l plans	11 Nonqualified plans	12a See	e instructions for box 12	12a See	instructions for box 12	:
13 Statutory Re pla	tirement Third-party in sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b		12b		
			d				
14 Other (see in:	structions)	14 Other (see instructions)	12c		12c		
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15 State	.,,,	15 State	15 Sta		15 Stat		
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16 State wages	s, tips, etc.	16 State wages, tips, etc.	<b>16</b> Sta	ate wages, tips, etc.	16 Stat	e wages, tips, etc.	
17 State incom	e tax	17 State income tax	<b>17</b> Sta	ate income tax	17 State income tax		
		Locality Correction	Info	ormation			
Previous	sly reported	Correct information		reviously reported	Co	rrect information	
18 Local wages		18 Local wages, tips, etc.		cal wages, tips, etc.		al wages, tips, etc.	
19 Local incom	e tax	19 Local income tax	<b>19</b> Loc	cal income tax	<b>19</b> Loca	al income tax	
20 Locality nan	ne	20 Locality name	<b>20</b> Loc	cality name	20 Loca	ality name	

## **Employers, Please Note:**

Specific information needed to complete FormW-2c is given in the separate General Instructions for Forms W-2 and W-3, under *Specific Instructions for FormW-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 FornW-3c filing is required. An electronic Form W-3c will be created for you by the V-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at www.socialsecurity.gov/employer.