


4444	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 VIRTUOSO TECHNOLOGIES INC 2550 GRAY FALLS DR SUITE 220 HOUSTON TX 77077		c Tax year/Form corrected 2022 / W-2		d Employee's correct SSN 036-41-9082			
		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 20-4340169		g Employee's previously reported name					
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).		h Employee's first name and initial HARISH REDDY		Last name KANDALA			
		Suff.					
i Employee's address and ZIP code 1901 S GOYER RD, APT # 44 KOKOMO, IN 46902		1901 S GOYER RD, APT # 44 KOKOMO, IN 46902					
		i Employee's address and ZIP code					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 118035.01		1 Wages, tips, other compensation 107475.01		2 Federal income tax withheld 18453.74		2 Federal income tax withheld 16692.05	
3 Social security wages 118035.01		3 Social security wages 107475.01		4 Social security tax withheld 7318.17		4 Social security tax withheld 6663.45	
5 Medicare wages and tips 118035.01		5 Medicare wages and tips 107475.01		6 Medicare tax withheld 1711.51		6 Medicare tax withheld 1558.39	
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 <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 IN		15 State IN		15 State		15 State	
Employer's state ID number 0155327704001		Employer's state ID number 0155327704001		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 118035.01		16 State wages, tips, etc. 107475.01		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 3742.57		17 State income tax 3406.86		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