Print Preview

Sourav Sethia - 005763 - Aditi Consulting LLC

W-2C

44444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS at www.irs.	
a Employer's name, address, and ZIP cod		© Tax year/Form corrected 2022/W-2	d Employee's correct SSN xxx-xx-2134	
Aditi Consulting LLC		e Corrected SSN and/or name (Check th	 is box and complete boxes f and/or	gif 🔲
11820 Northup Way Ste E305		incorrect on form previously filed.)		
Bellevue, WA 98005		Complete boxes f and/or g only if inco	rrect on form previously file	d 🕨
		f Employee's previously reported SSN		
		T Employee's previously reported 35N		
b Employer's Federal EIN		g Employee's previously reported nam	ie	
26-	4656792			
		h Employee's first name and initial	Last name	Suff.
		Sourav	Sethia	
Note: Only complete money fields that	•		Street Apt 416 rd, CT 06106	
corrections involving MQGE, see the Go under Specific Instructions for Form W	eneral Instructions for Forms W-2 and W-3,		-4, 01 00100	
ander specific final decions for Form W		i Employee's address and ZIP code		
Previously reported Correct information		Previously reported	Correct informati	on
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	9	10 Dependent care benefits	10 Dependent care benefits	
11 Nonqualified plans	11 Nonqualified plans	12 See instructions for box 12	12 See instructions for box 12	
		DD 2,969.93	DD 5,153.83	
13 Statutory Retirement Third-party	13 Statutory Retirement Third-party			
Employee plan sick pay	Employee plan sick pay			
14 Other (see instructions)	14 Other (see instructions)			
	State Correct	ion Information	+	

Previously reported	Correct information	Previously reported	Correct information
15 State	15 State	15 State	15 State
Employer's state ID number			
16 State wages, tips, etc.			
17 State income tax	17 State income tax	17 State income tax	17 State income tax
	Locality Corre	ection Information	
Previously reported	Correct information	Previously reported	Correct information
18 Local wages, tips, etc.			
19 Local income tax	19 Local income tax	19 Local income tax	19 Local income tax

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

Form **W-2c** (Rev. 8-2014)

Department of the Treasury

Corrected Wage and Tax Statement

Internal Revenue Service

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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 co	 de	C Tax year/Form corrected 2022/W-2	d Employee's correct SSN xxx-xx-2134
11820	onsulting LLC Northup Way te E305	e Corrected SSN and/or name (Check t incorrect on form previously filed.)	his box and complete boxes f and/or g if
Bellevu	ne, WA 98005	Complete boxes f and/or g only if inco	orrect on form previously filed
		f Employee's previously reported SSN	N
b Employer's Federal EIN	4656792	g Employee's previously reported nar	me
		h Employee's first name and initial Sourav	Last name Suff. Sethia
Note: Only complete money fields tha corrections involving MQGE, see the G under Specific Instructions for Form W	eneral Instructions for Forms W-2 and W-3,	Hartfo	n Street Apt 416 ord, CT 06106
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	9	10 Dependent care benefits	10 Dependent care benefits
11 Nonqualified plans	11 Nonqualified plans	12 See instructions for box 12 DD 2,969.93	12 See instructions for box 12 DD 5,153.83
13 Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay		
14 Other (see instructions)	14 Other (see instructions)		
	State Correct	ion 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

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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
Draviously reported	Locality Corre	ection Information	Correct information
Previously reported 18 Local wages, tips, etc.	18 Local wages, tips, etc.	Previously reported 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

Copy C -- For EMPLOYEE's RECORDS

Form **W-2c** (Rev. 8-2014)

Department of the Treasury

Corrected Wage and Tax Statement

Internal Revenue Service

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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.

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44444	For Official Use Only OMB No. 1545-0008		
a Employer's name, address, and ZIP co	l de	C Tax year/Form corrected	d Employee's correct SSN xxx-xx-2134
11820	onsulting LLC Northup Way		this box and complete boxes f and/or g if
	ce E305 de, WA 98005	Complete boxes f and/or g only if incorrect on form previously filed	
		f Employee's previously reported SSI	N
b Employer's Federal EIN	4656792	g Employee's previously reported na	me
		h Employee's first name and initial Sourav	Last name Suff. Sethia
Note: Only complete money fields the corrections involving MQGE, see the Cunder Specific Instructions for Form V	ieneral Instructions for Forms W-2 and W-3,		n Street Apt 416 ord, CT 06106
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
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5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
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9	9	10 Dependent care benefits	10 Dependent care benefits
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13 Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay		
14 Other (see instructions)	14 Other (see instructions)		
	State Correct	ion 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. |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| 17 State income tax |
	Locality Corre	ection 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			
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

Form **W-2c** (Rev. 8-2014)

Department of the Treasury

Corrected Wage and Tax Statement

Internal Revenue Service

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