

44444

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OMB No. 1545-0008

a Employer's name, address, and ZIP code

FAANG SOLUTIONS LLC  
2271 MOONLIGHT BAY

FLOWERMOUND

TX 75022

c Tax year/Form corrected

2022 / W-2

d Employee's correct SSN

735-28-2355

e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)

Complete boxes f and/or g only if incorrect on form previously filed ▶

f Employee's previously reported SSN

b Employer's Federal EIN

83-1294174

g Employee's previously reported name

h Employee's first name and initial

NAGENDRA

Last name

MOKARA

Suff.

2271 MOONLIGHT BAY

FLOWER MOUND

TX 75022

i Employee's address and ZIP code

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

Previously reported

Correct information

1 Wages, tips, other compensation

25584.00

1 Wages, tips, other compensation

25584.00

2 Federal income tax withheld

3810.35

2 Federal income tax withheld

0.00

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

12a See instructions for box 12

12a See instructions for box 12

13 Statutory employee  Retirement plan  Third-party sick pay

13 Statutory employee  Retirement plan  Third-party sick pay

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

SC

15 State

TX

15 State

15 State

Employer's state ID number

83129417-4

Employer's state ID number

0

Employer's state ID number

Employer's state ID number

16 State wages, tips, etc.

25584.00

16 State wages, tips, etc.

0.00

16 State wages, tips, etc.

16 State wages, tips, etc.

17 State income tax

1665.72

17 State income tax

0.00

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

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. REV 06/01/23 QB

Copy A—For Social Security Administration

Form W-2c (Rev. 12-2019)

Corrected Wage and Tax Statement  
0000/1030D

Department of the Treasury  
Internal Revenue Service

44444

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FAST! UseVisit the IRS website  
at [www.irs.gov](http://www.irs.gov).

a Employer's name, address, and ZIP code

FAANG SOLUTIONS LLC  
2271 MOONLIGHT BAY

FLOWERMOUND

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f Employee's previously reported SSN

b Employer's Federal EIN

83-1294174

g Employee's previously reported name

h Employee's first name and initial  
NAGENDRA  
2271 MOONLIGHT BAYLast name  
MOKARA

Suff.

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).

FLOWER MOUND

TX 75022

i Employee's address and ZIP code

Previously reported	Correct information	Previously reported	Correct information
1 Wages, tips, other compensation 25584.00	1 Wages, tips, other compensation 25584.00	2 Federal income tax withheld 3810.35	2 Federal income tax withheld 0.00
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	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 SC	15 State TX	15 State	15 State
Employer's state ID number 83129417-4	Employer's state ID number 0	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc. 25584.00	16 State wages, tips, etc. 0.00	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax 1665.72	17 State income tax 0.00	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

REV 09/01/23 QBOT

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

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

Corrected Wage and Tax Statement

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0008Safe, accurate,  
FAST! UseVisit the IRS website  
at [www.irs.gov](http://www.irs.gov).

<b>a</b> Employer's name, address, and ZIP code FAANG SOLUTIONS LLC 2271 MOONLIGHT BAY  FLOWER MOUND TX 75022	<b>c</b> Tax year/Form corrected  2022 / <b>W-2</b>	<b>d</b> Employee's correct SSN  735-28-2355
	<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>	
	<b>f</b> Employee's previously reported SSN	
	<b>g</b> Employee's previously reported name	

<b>b</b> Employer's Federal EIN 83-1294174	<b>h</b> Employee's first name and initial NAGENDRA	Last name MOKARA	Suff.
2271 MOONLIGHT BAY  FLOWER MOUND TX 75022			

**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		Previously reported		Correct information	
1	Wages, tips, other compensation 25584.00	1	Wages, tips, other compensation 25584.00	2	Federal income tax withheld 3810.35	2	Federal income tax withheld 0.00
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	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 SC	15	State TX	15	State	15	State
Employer's state ID number 83129417-4		Employer's state ID number 0		Employer's state ID number		Employer's state ID number	
16	State wages, tips, etc. 25584.00	16	State wages, tips, etc. 0.00	16	State wages, tips, etc.	16	State wages, tips, etc.
17	State income tax 1665.72	17	State income tax 0.00	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

REV 06/01/23 QBDT

Copy C - For EMPLOYEE'S RECORDS

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