44444	For Official Use Or OMB No. 1545-000	8	And the Section of th	a recorded	
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN	
FAANG SOLUTIONS LLC					
2271 MOON	LIGHT BAY		2022 / <b>W-2</b>	735-28-2355	
FLOWERMOUND TX 75022			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)		
LHOWERMOU	IND	1% /3022	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 Suff. MOKARA	
			2271 MOONLIGHT BAY		
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 i Employee's address and ZIP code	TX 75022	
	usly reported	Correct information	Previously reported	Correct information	
	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
r magao, apo, o	25584.00		3810.35	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		7 Social security tips	8 Allocated tips	8 Allocated tips	
9		10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified plans 11 Non		11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory employee plan	frement Third-party sick pay	13 Statutory Retirement Third-party sick pay	12b	12b	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c	
			12d	12d	
		State Correctio	n 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	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc. 25584.00		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income tax 1665.72		17 State income tax	17 State income tax	17 State income tax	
	23331.2	Locality Correcti	on Information		
Previously reported Correct information		Previously reported	Correct information		
8 Local wages, tips, etc.		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	
9 Local income tax		19 Local income tax	19 Local income tax	19 Local income tax	
Locality name		20 Locality name	20 Locality name	20 Locality name	

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Copy A-For Social Security Administration

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a Employer's no		9	c Tax year/Form corrected		d Employe	e's correct SSN	
a Employer's name, address, and ZIP code FAANG SOLUTIONS LLC							
			2022 / <b>W-2</b>		735-28	-2355	
2271 MOONLIGHT BAY		Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)					
FLOWERMO	UND	TX 75022			-1 (	proviously filed	<b>•</b>
			Complete boxes f and/or of Employee's previously re	g only if incorre	Ct on lonn	previously mos	
			† Employee's previously re	ported SSN			
b Employer's F	Federal EIN		g Employee's previously re	eported name			
83-12941							
			h Employee's first name and NAGENDRA		Last name MOKARA		Suff.
			2271 MOONLIGHT	BAY			
corrections in	nvolving MQGE, see the	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	FLOWER MOUND i Employee's address and 2	ZIP code	TX	75022	
Previo	ously reported	Correct information	Previously repo			ect information	
	, other compensation	1 Wages, tips, other compensation 25584.00	2 Federal income tax with	held 3810.35	2 Federal	income tax withheld	0.00
	25584.00	3 Social security wages	4 Social security tax withh		4 Social s	ecurity tax withheld	
3 Social seci	unty wages	3 Social security wages	4 Social security tax within	loid	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
5 Medicare v	wages and tips	5 Medicare wages and tips	6 Medicare tax withheld			e tax withheld	
7 Social sec	curity tips	7 Social security tips	8 Allocated tips		8 Allocate	d tips	
9		9	10 Dependent care benefits	s 1	0 Depend	ent care benefits	
11 Nonqualifi	ied plans	11 Nonqualified plans	12a See instructions for box	12	2a See inst	tructions for box 12	
13 Statutory employee	Retirement Third-party sick pay	13 Statutory Retirement Third-party sick pay	12b	1	12b		
14 Other (see	instructions)	14 Other (see instructions)	12c	1	12c		
			12d	1	12d		
			c .	9			
			l. 1	1.	1		
		State Correction	on Information				
Previ	ously reported	Correct information	Previously repo	orted	Corr	ect information	n
15 State	out, reperior	15 State	15 State	1	15 State		
SC		TX					
Employer's 8312941	s state ID number	Employer's state ID number	Employer's state ID num	ber	Employer's state ID number		
16 State wage		16 State wages, tips, etc.	16 State wages, tips, etc.	1	16 State wa	ages, tips, etc.	
17 State incor	me tax	17 State income tax	17 State income tax		17 State inc	come tax	
	1665.72	0.00	ion Information				
-	- Louis and ad	Locality Correct Correct information	Previously repo	orted	Com	ect informatio	
	ously reported	18 Local wages, tips, etc.	18 Local wages, tips, etc.			ages, tips, etc.	n
18 Local wage	es, ups, etc.						
19 Local incor	me tax	19 Local income tax	19 Local income tax	1	19 Local in	come tax	
20 Locality na	me	20 Locality name	20 Locality name		20 Locality	name	
			Management of the second of th	THE RESERVE TO SERVE THE PARTY OF THE PARTY			

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

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Employer's na	ame, address, and ZIP code	0	c Tax year/Form corrected	d Employee's correct SSN	
FAANG SOI	LUTIONS LLC				
2271 MOOI	NLIGHT BAY		2022 / <b>W-2</b>	735-28-2355	
FLOWERMOUND TX 75022		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
	0112		Complete boxes f and/or g only if incorrect on form previously filed ▶		
			f Employee's previously reported SSN		
b Employer's F	ederal EIN		g Employee's previously reported name	9	
83-12941	74				
			h Employee's first name and initial	Last name Suff.	
			NAGENDRA	MOKARA	
			2271 MOONLIGHT BAY		
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 i Employee's address and ZIP code	TX 75022	
Previo	ously 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	
	25584.00	25584.00	3810.35	0.00	
3 Social sec	urity wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare v	wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social sec	urity tips	7 Social security tips	8 Allocated tips	8 Allocated tips	
9		9	10 Dependent care benefits	10 Dependent care benefits	
11 Nonqualifi	ed plans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory employee	Retirement Third-party plan sick pay	13 Statutory Retirement Third-party sick pay	12b	12b	
14 Other (see	instructions)	14 Other (see instructions)	12c	12c	
			C o	Co	
			12d	12d	
			l' 1		
		State Correction	on Information		
Previously reported Correct information		Previously reported	Correct information		
15 State		15 State	15 State	15 State	
SC		TX			
Employer's state ID number		Employer's state ID number	Employer's state ID number	Employer's state ID number	
8312941		0			
16 State wag	es, tips, etc. 25584.00	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State inco	me tax 1665.72	17 State income tax	17 State income tax	17 State income tax	
	20001	Locality Correct	ion Information		
Previously reported Correct information		Previously reported	Correct information		
18 Local wag		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	
19 Local inco	me tax	19 Local income tax	19 Local income tax	19 Local income tax	
20 Locality na	me	20 Locality name	20 Locality name	20 Locality name	

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Copy C-For EMPLOYEE's RECORDS

	P. 0				
44444	For Official Use Or OMB No. 1545-000				
a Employer's nam	The address and ZIP of	ode	c Tax year/Form corrected	d Employee's correct SSN	
a Employer's name, address, and ZIP code FAANG SOLUTIONS LLC					
2271 MOONLIGHT BAY			2022 / <b>W-2</b>	735-28-2355	
FLOWERMOUND TX 75022			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)		
LICWERMOOI	ND	17 75022	Complete boxes f and/or g only if inco		
			f Employee's previously reported SSN		
b Employer's Federal EIN			g Employee's previously reported name		
83-1294174	4		h Employee's first name and initial	Last name Suff.	
			NAGENDRA	MOKARA	
			2271 MOONLIGHT BAY		
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).			FLOWER MOUND i Employee's address and ZIP code	TX 75022	
Previous	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, oth	her 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 wage	es 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 p	lans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory Retire plan	ment Third-party sick pay	13 Statutory Retirement Third-party sick pay	12b	12b	
14 Other (see instr	uctions)	14 Other (see instructions)	12c	12c	
			12d	12d	
			000	0 0 0 0	
		State Correctio	n Information		
Previously reported Correct information			Previously reported	Correct information	
15 State	уторогоа	15 State	15 State	15 State	
SC		TX			
Employer's state ID number 83129417-4		Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc. 25584.00		16 State wages, tips, etc.	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			
Fieriously reported		Correct information	Previously reported	Correct information	
8 Local wages, tips, etc. 18 Local wages, tips, etc.		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	
9 Local income tax 19 Local		19 Local income tax	19 Local income tax	19 Local income tax	
10 Locality name 20 Locality name		20 Locality name	20 Locality name	20 Locality name	

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