a Tax year/Form corrected 2022 / W-2 C		OMB No. 1545-0008			Safe, accurate, FAST! Use	IRSP 1	file)	Visit the IRS website at www.irs.gov.		
b Employee's correct SSN		c Corrected SSN and/or		d Employ	yer's Federal EIN					
		name (if checked, enter incorrect SSN and/or nat in box h and/or box i)	26-1539797							
e Employee's first name and initia	ıl Last nan	пе	Suff.	g Employer's name, address, and Z			ode			
SHUBHAM S PATW		/A 	UST GLOBAL INC							
13 WALNUT ST			5 POLARIS WAY							
BINGHAMTON, NY 13905 - 4412					ALISO VIEJO, CA 92656					
f Employee's address and ZIP code										
Complete boxes h and/or i	complete boxes h and/or i only incorrect on last form filed.			i Employ	yee's name (as in	correctly sho	wn on previ	ous form)		
Note: Only complete money fields that					t are being corrected (except MQGE).					
Previously reported	C	orrect information		Pre	eviously repo	orted	Co	rrect information		
Wages, tips, other compensation51760.41	_	1 Wages, tips, other compensation 71566.67			2 Federal income tax withheld 6265.26			2 Federal income tax withheld 8671.20		
3 Social security wages 21444.52		3 Social security wages 0.00			4 Social security tax withheld 1329.56			4 Social security tax withheld 0.00		
5 Medicare wages and tips 21444.52	5 Medi 0.0	care wages and tips		6 Medicare tax withheld 310.95			6 Medicare tax withheld 0.00			
7 Social security tips	7 Socia	I security tips		8 Alloca	ted tips		8 Allocated tips			
9 Advance EIC payment	9 Adva	9 Advance EIC payment			10 Dependent care benefits			10 Dependent care benefits		
11 Nonqualified plans	11 Nonc	ualified plans		12a See in	estructions for box	x 12	12a See i	nstructions for box 12		
13 Statutory Retirement Third-par employee plan sick pay	ty 13 Statutory employe		ty	12b	2190.00		12b	3030.00		
14 Other (see instructions)	14 Other	(see instructions)		12c			12c			
SDI 4.80	SDI	15.60		o d			C o d			
PFL 279.77	PFL 3	PFL 387.08					12d			
				Code			C o d e			
State Correction Information										
Previously reported		rrect information			eviously repo	orted	+	rrect information		
15 State (NY)	15 State (NY))		15 State			15 State			
Employer's state ID number 26-1539797		ver's state ID number 539797		Employer's state ID number E		Employ	Employer's state ID number			
16 State wages, tips, etc. 51760.41	1	wages, tips, etc. 66.67		16 State wages, tips, etc.			16 State wages, tips, etc.			
17 State income tax 2565.90	17 State 3549	income tax 9.46		17 State income tax 17 State income tax				income tax		
		Locality Co	rrecti	ion Infor	mation					
18 Local wages, tips, etc.	18 Loca	wages, tips, etc.			wages, tips, etc.		18 Local	wages, tips, etc.		
19 Local income tax	19 Loca	income tax		19 Local income tax 19 Local income tax			income tax			
20 Locality name	20 Loca	ity name		20 Localit	ty name		20 Local	ity name		
	•									

a Tax year/Form corrected 2022 / W-2 C		OMB No. 1545-0008			Safe, accurate, FAST! Use	IRSP 1	file)	Visit the IRS website at www.irs.gov.		
b Employee's correct SSN		c Corrected SSN and/or		d Employ	yer's Federal EIN					
		name (if checked, enter incorrect SSN and/or nat in box h and/or box i)	26-1539797							
e Employee's first name and initia	ıl Last nan	пе	Suff.	g Employer's name, address, and Z			ode			
SHUBHAM S PATW		/A 	UST GLOBAL INC							
13 WALNUT ST			5 POLARIS WAY							
BINGHAMTON, NY 13905 - 4412					ALISO VIEJO, CA 92656					
f Employee's address and ZIP code										
Complete boxes h and/or i	complete boxes h and/or i only incorrect on last form filed.			i Employ	yee's name (as in	correctly sho	wn on previ	ous form)		
Note: Only complete money fields that					t are being corrected (except MQGE).					
Previously reported	C	orrect information		Pre	eviously repo	orted	Co	rrect information		
Wages, tips, other compensation51760.41	_	1 Wages, tips, other compensation 71566.67			2 Federal income tax withheld 6265.26			2 Federal income tax withheld 8671.20		
3 Social security wages 21444.52		3 Social security wages 0.00			4 Social security tax withheld 1329.56			4 Social security tax withheld 0.00		
5 Medicare wages and tips 21444.52	5 Medi 0.0	care wages and tips		6 Medicare tax withheld 310.95			6 Medicare tax withheld 0.00			
7 Social security tips	7 Socia	I security tips		8 Alloca	ted tips		8 Allocated tips			
9 Advance EIC payment	9 Adva	9 Advance EIC payment			10 Dependent care benefits			10 Dependent care benefits		
11 Nonqualified plans	11 Nonc	ualified plans		12a See in	estructions for box	x 12	12a See i	nstructions for box 12		
13 Statutory Retirement Third-par employee plan sick pay	ty 13 Statutory employe		ty	12b	2190.00		12b	3030.00		
14 Other (see instructions)	14 Other	(see instructions)		12c			12c			
SDI 4.80	SDI	15.60		o d			C o d			
PFL 279.77	PFL 3	PFL 387.08					12d			
				Code			C o d e			
State Correction Information										
Previously reported		rrect information			eviously repo	orted	+	rrect information		
15 State (NY)	15 State (NY))		15 State			15 State			
Employer's state ID number 26-1539797		ver's state ID number 539797		Employer's state ID number E		Employ	Employer's state ID number			
16 State wages, tips, etc. 51760.41	1	wages, tips, etc. 66.67		16 State wages, tips, etc.			16 State wages, tips, etc.			
17 State income tax 2565.90	17 State 3549	income tax 9.46		17 State income tax 17 State income tax				income tax		
		Locality Co	rrecti	ion Infor	mation					
18 Local wages, tips, etc.	18 Loca	wages, tips, etc.			wages, tips, etc.		18 Local	wages, tips, etc.		
19 Local income tax	19 Loca	income tax		19 Local income tax 19 Local income tax			income tax			
20 Locality name	20 Loca	ity name		20 Localit	ty name		20 Local	ity name		
	•									

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 a. 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 a, 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.

a Tax year/Form corrected		OMB No. 1545-0008								
2022 / W-2 .C										
b Employee's correct SSN		c Corrected SSN and/or name (if checked, enter		d Employer's Federal EIN						
		incorrect SSN and/or name in box h and/or box i)		26-1539797						
e Employee's first name and initia	yee's first name and initial Last nam		ne Suff.		g Employer's name, address, and ZIP code					
SHUBHAM S	VA	A UST GLOBAL INC								
13 WALNUT ST				5 F	POLARIS WAY					
BINGHAMTON, NY 139	05 - 4412			AL	LISO VIEJO, CA 926	656				
f Employee's address and ZIP co										
Complete boxes h and/or i only if incorrect on last form filed. ▶ h Employee's incorrect SSN				i Empl	oyee's name (as incorre	ctly shown on prev	rious form)			
	Note: Only co	mplete money field	s that	are bei	ng corrected (excep	ot MQGE).				
Previously reported	Co	orrect information		P	reviously reported	Co	rrect information			
1 Wages, tips, other compensation	1 Wage	s, tips, other compensation		2 Fede	eral income tax withheld	2 Fede	2 Federal income tax withheld			
51760.41		566.67		62	65.26	86	8671.20			
3 Social security wages	3 Socia	l security wages		4 Soci	al security tax withheld	4 Socia	4 Social security tax withheld			
21444.52	0.0	0.00			29.56	0.0	0.00			
5 Medicare wages and tips	1	5 Medicare wages and tips			licare tax withheld		6 Medicare tax withheld			
21444.52		0.00			0.95	0.0	0.00			
7 Social security tips	7 Socia	Il security tips		8 Alloc	cated tips	8 Alloc	8 Allocated tips			
9 Advance EIC payment	9 Adva	9 Advance EIC payment			endent care benefits	10 Depe	10 Dependent care benefits			
11 Nonqualified plans	11 Nonq	ualified plans		12a See	instructions for box 12 42.63	12a See	instructions for box 12 63.21			
13 Statutory Retirement Third-pariemployee plan sick pay	y 13 Statutory employed		ty	12b	2190.00	12b	3030.00			
14 Other (see instructions)	14 Other	(see instructions)		12c		12c				
SDI 4.80	SDI	15.60		o d e		o d e				
PFL 279.77	PFL 3	PFL 387.08		12d		12d ○				
				o d e		C o d e				
		State Corr	ectio							
Previously reported		rrect information			reviously reported		rrect information			
15 State (NY)	15 State (NY)		15 State		15 State				
Employer's state ID number	Employ	er's state ID number		Emplo	oyer's state ID number	Emplo	yer's state ID number			
26-1539797	26-1	539797								
16 State wages, tips, etc.	16 State	wages, tips, etc.		16 State wages, tips, etc.		16 State	e wages, tips, etc.			
51760.41	7156	66.67								
17 State income tax	17 State	income tax		17 State	e income tax	17 State	17 State income tax			
2565.90	3549	9.46								
		Locality Co	rrecti	on Info	rmation					
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			Il income tax			
20 Locality name	20 Local	ity name		20 Loca	ality name	20 Loca	lity name			
•				-						