


<b>a Tax year/Form corrected</b> 2022 / W-2 C		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .	
<b>b Employee's correct SSN</b>			<b>c</b> Corrected SSN and/or name (if checked, enter incorrect SSN and/or name in box h and/or box i) <input type="checkbox"/>		<b>d Employer's Federal EIN</b> 26-1539797		
<b>e Employee's first name and initial</b> SHUBHAM S		<b>Last name</b> PATWA		<b>Suff.</b>		<b>g Employer's name, address, and ZIP code</b> UST GLOBAL INC 5 POLARIS WAY ALISO VIEJO, CA 92656	
13 WALNUT ST BINGHAMTON, NY 13905 - 4412		<b>f Employee's address and ZIP code</b>					
<b>Complete boxes h and/or i only if incorrect on last form filed. ▶</b>		<b>h Employee's incorrect SSN</b>		<b>i Employee's name (as incorrectly shown on previous form)</b>			
<b>Note:</b> Only complete money fields that are being corrected (except MQGE).							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation 51760.41		<b>1</b> Wages, tips, other compensation 71566.67		<b>2</b> Federal income tax withheld 6265.26		<b>2</b> Federal income tax withheld 8671.20	
<b>3</b> Social security wages 21444.52		<b>3</b> Social security wages 0.00		<b>4</b> Social security tax withheld 1329.56		<b>4</b> Social security tax withheld 0.00	
<b>5</b> Medicare wages and tips 21444.52		<b>5</b> Medicare wages and tips 0.00		<b>6</b> Medicare tax withheld 310.95		<b>6</b> Medicare tax withheld 0.00	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips	
<b>9</b> Advance EIC payment		<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 C   42.63		<b>12a</b> See instructions for box 12 C   63.21	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> D   2190.00		<b>12b</b> D   3030.00	
<b>14</b> Other (see instructions) SDI 4.80 PFL 279.77		<b>14</b> Other (see instructions) SDI 15.60 PFL 387.08		<b>12c</b>		<b>12c</b>	
				<b>12d</b>		<b>12d</b>	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State (NY) Employer's state ID number 26-1539797		<b>15</b> State (NY) Employer's state ID number 26-1539797		<b>15</b> State Employer's state ID number		<b>15</b> State Employer's state ID number	
<b>16</b> State wages, tips, etc. 51760.41		<b>16</b> State wages, tips, etc. 71566.67		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax 2565.90		<b>17</b> State income tax 3549.46		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>							
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name	

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

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13 WALNUT ST BINGHAMTON, NY 13905 - 4412		<b>f Employee's address and ZIP code</b>					
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<b>14</b> Other (see instructions) SDI 4.80 PFL 279.77		<b>14</b> Other (see instructions) SDI 15.60 PFL 387.08		<b>12c</b>		<b>12c</b>	
				<b>12d</b>		<b>12d</b>	
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**Copy C—For EMPLOYEE's RECORDS**

## 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.

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<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return