4	4444	For Official Use Only ► OMB No. 1545-0008											
a Employer's name, address, and ZIP code						Tax year/Form corrected	C	Employe	e's correct SSN				
AMC	R SYSTE	MS. LLC											
		R #4,SUITE 4	425		2023 / W2 897-76-7125								
				55 10004	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)								
WTT	MINGTON			DE 19804	Con	plete boxes f and/or g onl	ly if incor	rect on fo	rm previously file	ed ►			
					f Employee's previously reported SSN								
b 30-	Employer's Fed	eral EIN			g Employee's previously reported name								
					h Employee's first name and initial Last name Suff.								
					MAD	HAN MOHAN DAT	EN	IDETI_					
					170	30 N 49TH ST AP	т 215	5					
invol	ving MQGE, se	e the General Instruction		rrected (exception: for corrections orms W-2 and W-3, under Specific	SCOTTSDALE AZ 85254								
Instr	uctions for Forr	n W-2c, boxes 5 and 6).			Employee's address and ZIP code								
		ly reported		Correct information		Previously reported			prrect information	<u> </u>			
1	Wages, tips, oth	ner compensation	1	Wages, tips, other compensation		Federal income tax withheld		2 Feder	ral income tax withheld				
_		0.30	_	16192.33			0.00			7.45			
3	Social security	-	3	Social security wages	4	Social security tax withheld		4 Socia	I security tax withheld				
E		0.30	E	16192.33			0.02	6 Media		3.92			
Э	5 Medicare wages and tips		5	Medicare wages and tips	6	Medicare tax withheld	0 00	• Medic	care tax withheld				
7	Social security	0.30	7	16192.33 Social security tips	8	Allocated tips	0.00	8 Alloca	ated tips	34.79			
'	Social security	ips	'	Social security tips	0	Allocated tips		O Alloca	ated tips				
9			9		10	Dependent care benefits		10 Depe	ndent care benefits				
-													
11 Nonqualified plans		11	Nonqualified plans	12 a	See instructions for box 12		12a See i	nstructions for box 12					
				Code			Code						
13	13 Statutory Retirement Third-party employee plan sick pay		13	Statutory Retirement Third-party employee plan sick pay	12 b	1		12 b	1				
14	Other (see instr	untiono)	14	Other (see instructions)	Code 12 c			Code 12c					
17			17		-	1			1				
					Code 12 d			Code 12d					
						1			1				
			State Correctio	Code	ermation		Code						
	Previous	ly reported		Correct information		Previously reported		Co	prrect information				
15	State		15	State	15	State		15 State					
	AZ			AZ									
	Employer's stat	e ID number		Employer's state ID number	<u>+</u>	Employer's state ID number	+	Emple	oyer's state ID number				
	3008026	73		300802673									
16	State wages, tip	os, etc.	16	State wages, tips, etc.	16	State wages, tips, etc.		16 State	wages, tips, etc.				
		0.30		16192.33									
17	State income ta	x	17	State income tax	17	State income tax		17 State	income tax				
		0.01		323.85									
		-		Locality Correcti		r							
10		ly reported	40	Correct information	40	Previously reported			prrect information	1			
18	Local wages, tip	os, etc.	18	Local wages, tips, etc.	18	Local wages, tips, etc.		18 Local	wages, tips, etc.				
19	Local income ta	x	19	Local income tax	19	Local income tax		19 Local	income tax				
20	Locality name		20	Locality name	20	Locality name		20 Local	ity name				
1			1		1	Copy B – To Be File	ed with I	Employe	e's FEDERAL Tax	Return			

Corrected Wage and Tax Statement

4	4444	For Official Use Only ► OMB No. 1545-0008											
a Employer's name, address, and ZIP code						С	Tax yea	ar/Form corrected		d E	mployee's correct SSN		
AMOR SYSTEMS, LLC													
3 GERMAY DR #4,SUITE 4425						2023 / W2 897-76-7125							
						e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)						lete	
WII	LMINGTON			DE 19	9804	Complete boxes f and/or g only if incorrect on form previously filed							
						f		ee's previously repo				-	
b	Employer's Fee				g	Employ	ee's previously repo	rted name					
30-	-0802673					h	Employ	ee's first name and ini	tial L	ast nam	ne .	Suff.	
								MOHAN DAT		NDE'		Cuil.	
		e money fields that are be				SCC	TTSE	DALE			AZ 8525	4	
	0	e the General Instruction	s for Fo	orms W-2 and W-3, u	under Specific								
IIISU		n W-2c, boxes 5 and 6).		Correct info	rmation			ee's address and ZIP		Correct information			
1		her compensation	1	Wages, tips, other co		2		l income tax withheld	u	2 Federal income tax withheld			
	0 1 1	0.30		0 1 1	16192.33				0.00			3277.45	
3	Social security		3	Social security wage		4	Social s	security tax withheld		4	Social security tax with		
		0.30			16192.33				0.02			1003.92	
5	Medicare wage	es and tips	5	Medicare wages and	J tips	6	Medica	re tax withheld		6	Medicare tax withheld		
	0.30				16192.33				0.00			234.79	
7	7 Social security tips		7 Social security tips		8 Allocated tips			8 Allocated tips					
9			9			10	Dopop	lent care benefits		10	Dependent care bene	fite	
5			3				Depend	dent care benefits		10	Dependent care bene	1115	
11	Nonqualified pl	ans	11	Nonqualified plans		12 a	See ins	tructions for box 12		12 a	See instructions for bo	ox 12	
						Code				Code			
13	Statutory R employee p	etirement Third-party an sick pay	13	Statutory Retiren	nent Third-party s <u>ick p</u> ay	12 k)			12 b)		
						Code				Code			
14	Other (see inst	ructions)	14	Other (see instruction	ns)	12 0	;	I		12 c	;		
						Code 12 c				Code 12 d			
						Code		1		Code	1		
					State Correctio			on		Code			
	Previously reported			Correct information				viously reporte	d	Correct information			
15	State		15	State		15	State			15	State		
L	_AZ			<u>AZ</u>		$\lfloor _$				$\lfloor _ _$			
	Employer's stat			Employer's state ID r			Employ	er's state ID number			Employer's state ID n	umber	
300802673		300802673		40				40					
16	State wages, ti		16	State wages, tips, et		16	State w	ages, tips, etc.		16	State wages, tips, etc.		
17	State income ta	0.30	17	State income tax	16192.33	17	State in	come tax		17	State income tax		
		0.01			323.85		Olulo II						
		0.01	I	L	_ocality Correcti		format	tion					
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	20 Locality name		20 Locality name			20 Locality name			20 Locality name				
				-			,						

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

Corrected Wage and Tax Statement

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 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 there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable. 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.

44444	For Official Use Only OMB No. 1545-0008	•										
a Employer's name, address, and ZIP code						Tax yea	ar/Form corrected		d Em	ployee's correct SSN		
AMOR SYS	STEMS, LLC											
3 GERMAY DR #4,SUITE 4425						2023 / W2 897-76-7125						
					e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)						ete	
WILMING	PON		DE 19804			Complete boxes f and/or g only if incorrect on form previously filed						
					f	Employ	ee's previously repo	rted SSN				
b Employe	r's Federal EIN				g	Employ	ee's previously repo	rted name				
50 00020					h	Employ	ee's first name and ini	tial L	ast name		Suff.	
					MADHAN MOHAN DAT ENDETI							
					170	30 N	1 49TH ST A	APT 21	55			
					_							
,	mplete money fields that are I GE, see the General Instructio	0	•	•	SCOTTSDALE AZ 85254							
	r Form W-2c, boxes 5 and 6).		2 414 10 5, 6		Employee's address and ZIP code							
Prev	iously reported		Correct information				viously reporte	d	Correct information			
1 Wages, t	ips, other compensation	1	1 Wages, tips, other compensation			2 Federal income tax withheld				2 Federal income tax withheld		
	0.30)		16192.33	;			0.00			3277.45	
3 Social se	curity wages	3	Social securi	ty wages	4	Social s	security tax withheld		4	Social security tax with		
	0.30			16192.33				0.02	_		1003.92	
5 Medicare	wages and tips	5	Medicare wa	•	6	Medica	re tax withheld		6	Medicare tax withheld		
7 Social on	0.30 7 Social security tips		Social securi	16192.33	8	Allocate	ad tipo	0.00	8	Allocated tips	234.79	
			Social Securi	ty tips	ľ	Allocate	eu ups		0	Allocated tips		
9		9			10	Depend	lent care benefits		10	Dependent care benefit	ts	
11 Nonquali	fied plans	11	Nonqualified	plans	12 a	See ins	tructions for box 12		12a	See instructions for box	< 12	
					Code				Code			
13 Statutory employee	Retirement Third-party	13	Statutory employee	Retirement Third-party plan sick pay	12 k)	I		12 b			
		44			Code				Code			
14 Other (se	e instructions)	14	Other (see in	istructions)	120	;	I		12 c	1		
					Code 12 c	1			Code 12 d			
					Code		l		Code			
				State Correcti		ormati	on		oode			
Prev	iously reported	Correct information					viously reporte	d	Correct information			
15 State		15 State			15	15 State			15 State			
AZ		AZ			L				L			
Employer's state ID number			Employer's state ID number			Employer's state ID number				Employer's state ID number		
300802673			300802673			46			40			
16 State way	ges, tips, etc.	16	State wages,	•	16	State w	ages, tips, etc.		16	State wages, tips, etc.		
17 State inc	0.30	17	State income	16192.33	17	Stata in	come tax		17	State income tax		
0.01									17 State income tax			
	.0.01	-		Locality Correc		format	tion		I			
Prev	viously reported	t 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	19 Local income tax			19 Local income tax			19 Local income tax			
20 Locality r	20 Locality name			e	20	Locality	name		20	Locality name		
<u> </u>												

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

Corrected Wage and Tax Statement