

44444		For Official Use Only ▶ OMB No. 1545-0008																	
a Employer's name, address, and ZIP code AMOR SYSTEMS, LLC 3 GERMAY DR #4,SUITE 4425 WILMINGTON DE 19804				c Tax year/Form corrected 2023 / W2		d Employee's correct SSN 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.) <input type="checkbox"/>															
				Complete boxes f and/or g only if incorrect on form previously filed ▶															
				f Employee's previously reported SSN															
b Employer's Federal EIN 30-0802673				g Employee's previously reported name															
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				17030 N 49TH ST APT 2155															
				SCOTTSDALE AZ 85254															
i Employee's address and ZIP code																			
Previously reported		Correct information		Previously reported		Correct information													
1 Wages, tips, other compensation 0.30		1 Wages, tips, other compensation 16192.33		2 Federal income tax withheld 0.00		2 Federal income tax withheld 3277.45													
3 Social security wages 0.30		3 Social security wages 16192.33		4 Social security tax withheld 0.02		4 Social security tax withheld 1003.92													
5 Medicare wages and tips 0.30		5 Medicare wages and tips 16192.33		6 Medicare tax withheld 0.00		6 Medicare tax withheld 234.79													
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 Code		12a See instructions for box 12 Code													
13 <table style="width:100%; border:none;"> <tr> <td style="border:none;">Statutory employee</td> <td style="border:none;">Retirement plan</td> <td style="border:none;">Third-party sick pay</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> </table>		Statutory employee	Retirement plan	Third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13 <table style="width:100%; border:none;"> <tr> <td style="border:none;">Statutory employee</td> <td style="border:none;">Retirement plan</td> <td style="border:none;">Third-party sick pay</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> <td style="border:none;"><input type="checkbox"/></td> </tr> </table>		Statutory employee	Retirement plan	Third-party sick pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12b Code		12b Code	
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Copy B – To Be Filed with Employee's FEDERAL Tax Return

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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 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.

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