	11 11 11 11 11	For Official Use Only										
	44444	OMB No. 1545-0008			_							
		ime, address, and ZIP co	de		С	Tax ye	ar/Form corrected	d Emplo	oyee's correct SSN			
Progyny, Inc 1359 Broadway FL 2						2023 / <b>w-2</b>			699-11-6206			
New York, NY 10018						e Corrected SSN and/or name. (Check this box and complete boxes f and/or						
	,				L	g if inc	correct on form previously filed.)					
					С	/ 44-2						
					f	Emplo	yee's <b>previously reported</b> SSN					
					L							
b	Employer ider	ntification number (EIN)		27-2220139	g	Emplo	yee's <b>previously reported</b> name	Э				
СО	rrections invo	lving MQGÉ, see the	Ger	re being corrected. (Exception: for leral Instructions for Forms W-2 Form W-2c, boxes 5 and 6).	Venkateswararao Ummidi 507 GREENLAND SQ Highland Park, NJ 08904							
	Previou	sly reported		Correct information		Pr	reviously reported	Co	prrect information			
1	Wages, tips, o	other compensation 243695.89	1	Wages, tips, other compensation 244245.89	2	Federa	al income tax withheld	2 Feder	al income tax withheld			
3	Social securit	y wages	3	Social security wages	4	Social	security tax withheld	4 Socia	I security tax withheld			
5	Medicare wag	es and tips 251410.86	5	Medicare wages and tips 251960.86	6	Medic	are tax withheld	6 Medic	care tax withheld			
7	Social securit	y tips	7	Social security tips	8	Alloca	ted tips	8 Alloca	ated tips			
9			9		10	Depen	ndent care benefits	10 Depe	ndent care benefits			
11	Nonqualified	plans	11	Nonqualified plans	<b>12</b> a	a See in	structions for box 12	12a See ir	nstructions for box 12			
13		Retirement Third-party sick pay	13	Statutory Retirement Third-party employee plan sick pay	12i	b		<b>12b</b>				
14	Other (see ins	tructions)	14	Other (see instructions)	120 C c c	С		12c	1			
					120 Code	d	1	C	1			
				State Correction	L n	Inform	 mation					
	Previou	sly reported		Correct information	<u> </u>			Co	prrect information			
15	State	oly reperted	15	State	15		oriously reported					
N			N.		``	Oldio		io otato				
		ate ID number	ļ	Employer's state ID number	<b>-</b>	Fmplo	ver's state ID number	Fmple	over's state ID number			
2	72-220-139		2.	72-220-139/000		LITIPIO	yor a state in number	Emple	ayor a state in number			
	State wages,		-		16	Ctoto	wages tips ats	16 State	wages tips ats			
		125609.96		State wages, tips, etc. 126159.96								
17	State income	tax	17	State income tax				17 State	income tax			
	- ·			Locality Correct				O a mara at the far mara at the				
		sly 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 i	income tax	19 Local income tax				
20	Locality name		20	Locality name	20	Localit	ty name	20 Local	ity name			

1. 1. 1. 1. 1.	For Official Use Only	,								
44444	OMB No. 1545-0008									
	ame, address, and ZIP co	de		С	Tax ye	ar/Form corrected	d Empl	oyee's correct SSN		
Progyny, Inc 1359 Broadw FL 2	ay			_ 2	2023	/ W-2		699-11-6206		
New York, NY 10018						e Corrected SSN and/or name. (Check this box and complete boxes f and/or				
						g if incorrect on form previously filed.)				
				С	omplete	boxes f and/or g only if incorrec	check this box and complete boxes f and/or r filed.) ncorrect on form <b>previously filed:</b> d SSN d name			
				f	Emplo	yee's <b>previously reported</b> SSN				
<b>b</b> Employer ide	entification number (EIN)		27-2220139	g	Emplo	yee's <b>previously reported</b> name	e			
corrections inv	olving MQGÉ, see the	Gen	e being corrected. (Exception: for eral Instructions for Forms W-2 form W-2c, boxes 5 and 6).	į	Venka 507 Gl	yee's name, address, and ZIP of teswararao Ummidi REENLAND SQ nd Park, NJ 08904	ode			
Previou	usly reported		Correct information	Г	Pr	eviously reported	Co	orrect information		
1 Wages, tips,	other compensation	1	Wages, tips, other compensation	2	Federa	al income tax withheld	2 Feder	ral income tax withheld		
3 Social securi	ty wages	3	Social security wages	4	Social	security tax withheld	4 Socia	ll security tax withheld		
5 Medicare wa	ges and tips	5	Medicare wages and tips	6	Medic	are tax withheld	6 Medi	care tax withheld		
7 Social securi	ty tips	7	Social security tips	8	Alloca	ted tips	8 Alloca	ated tips		
9		9		10	Depen	dent care benefits	10 Depe	ndent care benefits		
11 Nonqualified	plans	11	Nonqualified plans	<b>12</b> a	a See in	structions for box 12	<b>12a</b> See ii	nstructions for box 12		
13 Statutory employee	Retirement Third-party plan sick pay	13	Statutory Retirement Third-party sick pay	12i	b		<b>12b</b>			
14 Other (see in	structions)	14	Other (see instructions)	<b>120</b>	С		12c			
				120 C o d e	d		C	1		
			State Correction	L n	Inform	nation				
Previo	usly reported	Π	Correct information	Ϊ		reviously reported	Co	orrect information		
15 State NY	<b>,</b>	15 N	State	15	State					
	tate ID number		Employer's state ID number 2220139 1		Emplo	yer's state ID number	Empl	oyer's state ID number		
16 State wages,		1	State wages, tips, etc. 244245.89	16	State	wages, tips, etc.	16 State	wages, tips, etc.		
17 State income		17	State income tax	17	State i	ncome tax	17 State	income tax		
			Locality Correct	ı ior	Info	rmation				
Previo	usly reported		Correct information			eviously reported	Co	orrect information		
18 Local wages		18	Local wages, tips, etc.	18		wages, tips, etc.				
19 Local income	e tax	19	Local income tax	19	Local i	income tax	19 Local income tax			
20 Locality nam	e	20	Locality name	20	Localit	y name	20 Local	ity name		

## **Notice to Employee**

This is a corrected Form W-2 (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 1040-X 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. Attach an original or amended Form 8959 to Form 1040 or 1040-X, 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, the Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

**Future developments.** For the latest information about Form W-2c and its instructions, such as legislation enacted after we release them, go to *www.irs.gov/FormW2c*.

W-2c