


<b>4444</b>	<b>For Official Use Only</b> OMB No. 1545-0008	<b>Safe, accurate, FAST! Use</b>		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .			
<b>a</b> Employer's name, address, and ZIP code  EFICENS SYSTEMS INC (VERIDIC HOLDINGS LLC & VERIDIC HOLDINGS LLC 5400 LAUREL SPRINGS PKWY SUWANEE GA 30024		<b>c</b> Tax year/Form corrected  2023 / W-2		<b>d</b> Employee's correct SSN  131-83-3009			
		<b>e</b> 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 <b>previously filed</b> :					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer identification number (EIN) 84-3443670		<b>g</b> Employee's <b>previously reported</b> name					
<b>Note:</b> Only complete money fields that are being corrected. (Exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under <i>Specific Instructions for Form W-2c</i> , boxes 5 and 6).		<b>h</b> Employee's first name and initial  SANTA	Last name  RABINA	Suff.			
		3710 YELLOWSTONE STREET IRVING, TX 75062					
<b>i</b> Employee's address and ZIP code							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation 82500.00		<b>1</b> Wages, tips, other compensation 90000.00		<b>2</b> Federal income tax withheld 11055.44		<b>2</b> Federal income tax withheld 12441.94	
<b>3</b> Social security wages 82500.00		<b>3</b> Social security wages 90000.00		<b>4</b> Social security tax withheld 5115.00		<b>4</b> Social security tax withheld 5580.00	
<b>5</b> Medicare wages and tips 82500.00		<b>5</b> Medicare wages and tips 90000.00		<b>6</b> Medicare tax withheld 1196.25		<b>6</b> Medicare tax withheld 1305.00	
<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>		<b>9</b>		<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		<b>12a</b> See instructions for box 12	
<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>		<b>12b</b>	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)		<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		<b>15</b> State		<b>15</b> State		<b>15</b> State	
Employer's state ID number		Employer's state ID number		Employer's state ID number		Employer's state ID number	
<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct 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**