


4444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile .			
a Employer's name, address, and ZIP code EFICENS SYSTEMS INC (VERIDIC HOLDINGS LLC & VERIDIC HOLDINGS LLC 5400 LAUREL SPRINGS PKWY SUWANEE GA 30024		c Tax year/Form corrected 2023 / W-2		d Employee's correct SSN 816-59-0163			
		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 identification number (EIN) 84-3443670		g Employee's previously reported name					
Note: 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).		h Employee's first name and initial RIYAZ AHMAD	Last name SHAIK	Suff.			
		i Employee's address and ZIP code 2434 W PRAIRIE ST DENTON, TX 76201					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 86166.63		1 Wages, tips, other compensation 93999.96		2 Federal income tax withheld 11862.07		2 Federal income tax withheld 13328.57	
3 Social security wages 86166.63		3 Social security wages 93999.96		4 Social security tax withheld 5342.33		4 Social security tax withheld 5828.00	
5 Medicare wages and tips 86166.63		5 Medicare wages and tips 93999.96		6 Medicare tax withheld 1249.42		6 Medicare tax withheld 1363.00	
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		12a See instructions for box 12	
13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12b	
14 Other (see instructions)		14 Other (see instructions)		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State		15 State		15 State		15 State	
Employer's state ID number		Employer's state ID number		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax		17 State income tax		17 State income tax		17 State income tax	
Locality Correction Information							
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 Locality name		20 Locality name		20 Locality name		20 Locality name	

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