



4 4 4 4 4	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code Noble Artificial Intelligence, Inc. 2041 East St, PMB 412, Concord CA 94520		c Tax year/Form corrected 2023 / W-2	d Employee's correct SSN 812-67-6232
		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 38-4036346		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 Specific Instructions for Form W-2c, boxes 5 and 6).		h Employee's first name and initial Saandeep	Last name Sreerambatla
		9440 Stratton Drive, 2201 Frisco TX 75035	
i Employee's address and ZIP code			
Previously reported		Correct information	
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages 160200.00	3 Social security wages 0.00	4 Social security tax withheld 9932.40	4 Social security tax withheld 0.00
5 Medicare wages and tips 185520.60	5 Medicare wages and tips 0.00	6 Medicare tax withheld 2690.10	6 Medicare tax withheld 0.00
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 checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	12b
14 Other (see instructions) NJ SUI: 174.68	14 Other (see instructions) NJ SUI: 174.71	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
15 State NJ	15 State NJ	15 State	15 State
Employer's state ID number 384-036-346/000	Employer's state ID number 384-036-346/000	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc. 117583.60	16 State wages, tips, etc. 117490.00	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax 6136.28	17 State income tax 6130.20	17 State income tax	17 State income tax
Locality Correction 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 1 – State, City, or Local Tax Department

4444	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code Noble Artificial Intelligence, Inc. 2041 East St, PMB 412, Concord CA 94520		c Tax year/Form corrected <div style="text-align:center;">2023 / W-2</div>		d Employee's correct SSN <div style="text-align:center;">812-67-6232</div>			
		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 <div style="text-align:center;">38-4036346</div>		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 Specific Instructions for Form W-2c, boxes 5 and 6).		h Employee's first name and initial Saandeep		Last name Sreerambatla			
		Suff. 9440 Stratton Drive, 2201 Frisco TX 75035					
i Employee's address and ZIP code		i Employee's address and ZIP code					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld		2 Federal income tax withheld	
3 Social security wages 160200.00		3 Social security wages 0.00		4 Social security tax withheld 9932.40		4 Social security tax withheld 0.00	
5 Medicare wages and tips 185520.60		5 Medicare wages and tips 0.00		6 Medicare tax withheld 2690.10		6 Medicare tax withheld 0.00	
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 checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12b	
14 Other (see instructions) NJ SUI: 174.68		14 Other (see instructions) NJ SUI: 174.71		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State NJ		15 State NJ		15 State		15 State	
Employer's state ID number 384-036-346/000		Employer's state ID number 384-036-346/000		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 117583.60		16 State wages, tips, etc. 117490.00		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 6136.28		17 State income tax 6130.20		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

4 4 4 4	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code Noble Artificial Intelligence, Inc. 2041 East St, PMB 412, Concord CA 94520		c Tax year/Form corrected <div style="text-align:center;">2023 / W-2</div>		d Employee's correct SSN <div style="text-align:center;">812-67-6232</div>			
		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 <div style="text-align:center;">38-4036346</div>		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 Specific Instructions for Form W-2c, boxes 5 and 6).		h Employee's first name and initial Saandeep		Last name Sreerambatla			
		Suff. 9440 Stratton Drive, 2201 Frisco TX 75035					
i Employee's address and ZIP code							
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld		2 Federal income tax withheld	
3 Social security wages 160200.00		3 Social security wages 0.00		4 Social security tax withheld 9932.40		4 Social security tax withheld 0.00	
5 Medicare wages and tips 185520.60		5 Medicare wages and tips 0.00		6 Medicare tax withheld 2690.10		6 Medicare tax withheld 0.00	
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 checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		12b	
14 Other (see instructions) NJ SUI: 174.68		14 Other (see instructions) NJ SUI: 174.71		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State NJ		15 State NJ		15 State		15 State	
Employer's state ID number 384-036-346/000		Employer's state ID number 384-036-346/000		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 117583.60		16 State wages, tips, etc. 117490.00		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 6136.28		17 State income tax 6130.20		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 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.

4 4 4 4 4	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code Noble Artificial Intelligence, Inc. 2041 East St, PMB 412, Concord CA 94520		c Tax year/Form corrected <p style="text-align:center;">2023 / W-2</p>	d Employee's correct SSN <p style="text-align:center;">812-67-6232</p>
		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 <p style="text-align:center;">38-4036346</p>		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 W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		h Employee's first name and initial Saandeep	Last name Sreerambatla
		Suff. 9440 Stratton Drive, 2201 Frisco TX 75035	
i Employee's address and ZIP code			
Previously reported		Correct information	
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages 160200.00	3 Social security wages 0.00	4 Social security tax withheld 9932.40	4 Social security tax withheld 0.00
5 Medicare wages and tips 185520.60	5 Medicare wages and tips 0.00	6 Medicare tax withheld 2690.10	6 Medicare tax withheld 0.00
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 checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b	12b
14 Other (see instructions) NJ SUI: 174.68	14 Other (see instructions) NJ SUI: 174.71	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
15 State NJ	15 State NJ	15 State	15 State
Employer's state ID number 384-036-346/000		Employer's state ID number 384-036-346/000	
16 State wages, tips, etc. 117583.60	16 State wages, tips, etc. 117490.00	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax 6136.28	17 State income tax 6130.20	17 State income tax	17 State income tax
Locality Correction 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 2— To Be Filed with Employee's State, City, or Local Income Tax Return