


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 692-67-0042			
		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					
		h Employee's first name and initial VAISHNAVI		Last name CAPILAI			
				Suff.			
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).		i Employee's address and ZIP code 3548 RESERVE CIRCLE, APT G MONTGOMERY, AL 36116					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 90939.99		1 Wages, tips, other compensation 99273.32		2 Federal income tax withheld 12912.23		2 Federal income tax withheld 14512.23	
3 Social security wages 24999.99		3 Social security wages 33333.32		4 Social security tax withheld 1550.00		4 Social security tax withheld 2066.67	
5 Medicare wages and tips 24999.99		5 Medicare wages and tips 33333.32		6 Medicare tax withheld 362.50		6 Medicare tax withheld 483.33	
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 AL		15 State AL		15 State		15 State	
Employer's state ID number R010712061		Employer's state ID number R010712061		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 24999.99		16 State wages, tips, etc. 33333.32		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 1011.75		17 State income tax 1338.42		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