4444	For Official Use Only OMB No. 1545-0008		Safe, accurate, FASTI Use	TEZII	Visit the IRS websit at www.irs.gov.		
a Employer's na	me, address, and ZIP code		c Tax year/Form corrected	1	Employee's correct SSN		
F21 OPCO LLC 110 E 9TH ST STE A500			2023 / <b>W</b> -2		****7977		
LOS ANGELES, CA 90079-1300			Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
ĺ			Complete boxes f and/or g only if incorrect on form previously filed				
			f Employee's previously re				
▶ Employer's Fe	ederal EIN 84-448877	3	g Employee's previously re	ported name			
	3 I I I I I I		h Employee's first name and	initial La	st name	Suff.	
1			MOUNIKA	1	OLURU		
1			APT 165				
(exception: fo	or corrections involvin	s that are being corrected ig MQGE, see the Instructions	8655 ARLINGTON AVE RIVERSIDE, CA 92503-1398				
	2c and W-3c, boxes 5	Correct Information	i Employee's address and Z Previously repo		Correct Informatio	<u> </u>	
	isly reported		2 Federal income tax with		2 Federal income tax withhe		
1 Wages, tips, other	er compensation	1 Wages, tips, other compensation					
3 Social security	wages	3 Social security wages	4 Social security tax withhe	eid	4 Social security tax withheld		
5 Medicare wag	es and tips	5 Medicare wages and tips	6 Medicare tax withheld	1	6 Medicare tax withheld		
7 Social security	/ Ups	7 Social security tips	8 Allocated tips		8 Allocated tips		
9)	ž.,	9)	10 Dependent care benefits	10	0 Dependent care benefits		
11 Nonqualified	plans	11 Nonqualified plans	12a See Instructions for box 1	12 12	2a See Instructions for box 12		
	National Party State Sta	13 Statutory Refurement Third-party employee plan sick pay	12b	11	Zb I		
14 Other (see Inst	tructions)	14 Other (see Instructions)	12¢	1:			
			<b> </b>	1	ı		
ł			12d	1	2d		
				!	•		
		State Correction	Information	L			
Ozaviev	alu romantad	Correct Information	Previously repo	rted	Correct Information	20	
15 State	sly reported	15 State	15 State		5 State		
IL		IL.					
Employer's stat	te ID number	Employer's state ID number	Employer's state ID number	er	Employer's state ID number		
84-4488773	3 000 4	84-4488773 000 4		-			
16 State wages, ti	lps, etc. \$49,029.88	16 State wages, tips, etc. \$18,225.41	16 State wages, tips, etc.	1	6 State wages, tips, etc.		
17 State income	\$2,367.02	17 State income tax \$783,17	17 State Income tax	1	7 State Income tax		
1 2		Locality Correction					
Previously reported Correct information		Previously repo	rted	Correct Information			
18 Local wages, t	lips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	11	18 Local wages, tips, etc.		
19 Local Income	tax	19 Local Income tax	19 Local Income tax	1	9 Local income tax		
20 Locality name		20 Locality name	20 Locality name	2	0 Locality name		

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Copy 1—State, City, or Local Tax Department

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	OMB No. 1545-00CB						
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employ	d Employee's correct SSN			
F21 OPCOLLC 110 E 9TH ST STE ASOO			2023 / W-2				
LOS ANGELES, CA 90079-1300			Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
			Complete boxes f and/or g o	crity if incorrect on form p	reviously filed		
			f Employer's previously reported SSN				
Employer's Federal EIN     84-4488773			Employer's previously reported name				
			h Employee's first name and initial Last name Suff.				
ĺ			MOUNIKA	POLURU			
			APT 165				
Note: Only	omolete money field	s that are being corrected	8655 ARLINGTON AVE				
		g MQGE, see the Instructions	RIVERSIDE, CA 92503-1398				
for Forms W-2	2c and W-3c, boxes 5	and 6).	1 Employee's address and ZIP code				
Previou	sly reported	Correct Information	Previously repor		Correct information		
1 Wages, tips, other compensation		1 Wages, tips, other compensation	2 Federal Income tax within	eld 2 Fede	2 Federal income tax withheld		
3 Social security	wages	3 Social security wages	4 Social security tax withhel	d 4 Socia	security tax withheld		
5 Medicare wag	es and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medi	an tax efficied		
7 Social security	tips	7 Social security tips	8 Allocated tips	8 Alloca	red tos		
9.		0	10 Dependent care benefits	10 Depe	des an berês		
11 Nonqualified p	plans	11 Nonqualified plans	12a See instructions for box 12	12a See is	structions for box 12		
13 Sanctiony A	ebrometic Third-party dan sick pay	13 Saputany Nationment Thurst-party arrelations plan sick party	126	12b			
14 Other (see inst	ructions)	14 Other (see Instructions)	126	12c	1		
			12d	124			
			l) r	Į.	1		
		State Correction	Information		L		
Previou	sly reported	Correct Information			rect information		
15 State	siy reported	15 State	15 State	15 State			
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Employer's state	e ID number	Employer's state ID resmber	Employer's state 10 number	r Employ	er's state 10 number		
84-4488773	000 4	84-4488773 000 4					
16 State wages, ti	ps, etc. \$49,029.88	16 State wages, tips, etc. \$16,225.41	16 State wages, tips, etc.	16 State	wages, tips, etc.		
17 State income t		17 State income tax \$783.17	17 State income tax	17 State	income tax		
Locality Correction Information							
Previously reported Correct information				rect information			
18 Local wages, ti		18 Local wages, tips, etc.	18 Local wages, tips, etc. 18 Local wages, tips, etc.		wages, tips, etc.		
19 Local income t	ZÀX .	19 Local Income tax	19 Local income tax	18 Local	income tax		
20 Locality name		20 Locality name	20 Locality name	29 Local	су пасте		

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4444	For Official Use Only		Safe, accurate,	Visit the IRS website		
<b>*</b>	OM8 No. 1545-0008		FASTI Use	at www.irs.gov.		
a Employer's na	me, address, and ZIP code		c Tax year/Form corrected	d Employer's correct SSN		
F21 OPCO LLC 110 E 9TH ST STE A500			2023 / <b>W</b> -2	7977		
LOS ANGELES, CA 90079-1300			Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
			Complete boxes f and/or g only	y if incorrect on form previously filed		
			f Employee's previously report	and SSN		
b Employer's Federal EIN 84-4488773			g Employee's previously reported name			
			h Employee's first name and init	ial Last name Suf		
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	usly reported	Correct Information	Employee's address and ZIP code   Previously reported   Correct information			
	er compensation	1 Wages, tips, other compensation	2 Federal income lax withheld			
• • • • • • • • • • • • • • • • • • •		Trages, tips, or the competence	and the second of the second o			
3 Social securit	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wa	ges and tips	S Medicare wages and tips	6 Medicare tax withheld	Medicare tax withheld		
7 Social securi	ty tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9		9)	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified	f plans	11 Nonqualified plans	12a See instructions for box 12	12a See Instructions for box 12		
13 Samooy	Resourcest Three-party sten slot, pay	13 Statutory Retirement Third-party employee plan sick pay	12b	125		
14 Other (see Ir	structions)	14 Other (see Instructions)	12c	124		
			12d	12d		
		İ	•			
			1			
		State Correction				
Previo	usly reported	Correct information	Previously reporte			
15 State		15 State	15 State	15 State		
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	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
84-448877		84-4488773 000 4				
16 State wages,		16 State wages, Ups, etc. \$16,225.41	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State Incom	\$49,029.88	17 State Income tax	17 State Income tax	17 State Income tax		
., same month	\$2,367.02		•• •===================================			
	, -,	Locality Correcti				
Previo	usly reported	Correct information	Previously report	ed Correct Information		
18 Local wages		18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local incom	e tax	19 Local Income tax	19 Local Income tax	19 Local Income tax		
20 Locality nan	ne	20 Locality name	20 Locality name	20 Locality name		
		J		CONT. C. FOR EMPLOYEE'S RECORDS		

Form W-2c (Rev. 8-2014)

**Corrected Wage and Tax Statement** 

Department of the Treasury

Internal Revenue Service

Notice to Employee

his is a corrected Form W-2, Wage and Tax Statement, (or Form W-2, W-2CH, W-2CH ne 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. rcome 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 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 turn 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.

4444	For Official Use Only OMB No. 1545-0008		Sate, accurate, FASTI Use	WE WITE	Visit the IRS website at www.fre.gov.		
a Employer's na			c Tax year/Form corrected	d Emple	oyee's correct SSN		
a Employer's name, address, and ZIP code  F21 OPCO LLC			2023/W-a	10000	*****7977		
110 E 9TH ST STE A500 LOS ANGELES, CA 90079-1300			Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
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<b>b</b> Employer's Fe	ederal EIN 84-448877	3	g Employee's previously rep	orted name			
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	2c and W-3c, boxes 5 a		1 Employee's address and Zi		orrect information		
		Correct Information	Previously repor				
1 Wages, tips, other	er compensation	1 Wages, tips, other compensation	2 Federal Income tax with		2 Federal income tax withheld		
3 Social security	wages	9 Social security wages	4 Social security tax withho	eld 4 So	cial security tax withheld		
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 M	edicare tax withheld		
7 Social security	y tips	7 Social security tips	Allocated tips	8 AI	located tips		
9)		9)	10 Dependent care benefits	10 De	ependent care benefits		
11 Nonqualified	plans	11 Nonqualified plans	12a See Instructions for box	12 12a Se	e instructions for box 12		
	Retirement Third-party plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b			
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c	1		
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		State Correction	Information				
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15 State		15 State	15 State	15 50	ate		
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16 State wages, I		16 State wages, tips, etc. \$16,225.41	16 State wages, tips, etc.	16 5	State wages, tips, etc.		
17 State Income	\$2,367.02	17 State Income tax \$783.17	17 State Income tax	17 :	State Income tax		
		Locality Correction	n Information				
Previo	usly reported	Correct Information	Previously rep	orted	Correct Information		
18 Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local wages, tips, etc.		
19 Local Income	t tax	19 Local income tax	19 Local Income tax	19	Local Income tax		
20 Locality name	e	20 Locality name	20 Locality name	20	Locality name		

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