


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 F21 OPCO LLC 110 E 9TH ST STE A500 LOS ANGELES, CA 90079-1300		c Tax year/Form corrected 2023 / W-2		d Employee's correct SSN ****7977			
		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 84-4488773		g Employee's previously reported name					
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		h Employee's first name and initial MOUNIKA		Last name POLLURU			
		APT 165 8655 ARLINGTON AVE RIVERSIDE, CA 92503-1398					
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		3 Social security wages		4 Social security tax withheld		4 Social security tax withheld	
5 Medicare wages and tips		5 Medicare wages and tips		6 Medicare tax withheld		6 Medicare tax withheld	
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 IL		15 State IL		15 State		15 State	
Employer's state ID number 84-4488773 000 4		Employer's state ID number 84-4488773 000 4		Employer's state ID number		Employer's state ID number	
16 State wages, tips, 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 tax \$2,387.02		17 State income tax \$783.17		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	

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Copy 1—State, City, or Local Tax Department

4444	For Official Use Only OMB No. 1545-0048	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov																			
a Employer's name, address, and ZIP code F21 OPCO LLC 110 E 9TH ST STE A500 LOS ANGELES, CA 90079-1300		c Tax year/Form corrected 2023 / W-2		d Employee's correct SSN *****9877																			
		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 Employer's previously reported SSN		g Employer's previously reported name																			
		b Employer's Federal EIN 84-4488773		h Employee's first name and initial MOUNIKA																			
		Last name POLLURU		Suffix																			
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the instructions for Forms W-2c and W-3c, boxes 5 and 6).		i Employee's address and ZIP code APT 165 8655 ARLINGTON AVE RIVERSIDE, CA 92503-1398																					
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		3 Social security wages		4 Social security tax withheld		4 Social security tax withheld																	
5 Medicare wages and tips		5 Medicare wages and tips		6 Medicare tax withheld		6 Medicare tax withheld																	
7 Social security tips		7 Social security tips		8 Allocated tips		8 Allocated tips																	
8		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 <small>Secretary employee</small> <input type="checkbox"/> <small>Retirement plan</small> <input type="checkbox"/> <small>Third-party sick pay</small> <input type="checkbox"/>		13 <small>Secretary employee</small> <input type="checkbox"/> <small>Retirement plan</small> <input type="checkbox"/> <small>Third-party sick pay</small> <input type="checkbox"/>		12b		12b																	
14 Other (see instructions)		14 Other (see instructions)		12c		12c																	
				12d		12d																	
State Correction Information				Previously reported				Correct information															
15 State				15 State				15 State															
IL				IL				IL															
Employer's state ID number 84-4488773 000 4				Employer's state ID number 84-4488773 000 4				Employer's state ID number 84-4488773 000 4															
16 State wages, tips, etc. \$49,029.88				16 State wages, tips, etc. \$16,225.41				16 State wages, tips, etc. \$16,225.41															
17 State income tax \$2,367.02				17 State income tax \$783.17				17 State income tax \$783.17															
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 Employer's State, City, or Local Income Tax Return

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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 F21 OPCO LLC 110 E 9TH ST STE A500 LOS ANGELES, CA 90079-1300		c Tax year/Form corrected 2023 / W-2		d Employer's correct SSN *****7977
		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 84-4488773		g Employer's previously reported name		
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the instructions for Forms W-2c and W-3c, boxes 5 and 6).		h Employee's first name and initial MOUNIKA		Last name POLLURI
		i Employee's address and ZIP code APT 165 8655 ARLINGTON AVE RIVERSIDE, CA 92503-1398		
State Correction 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	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wages and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
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 <small>Secretary employee</small> <input type="checkbox"/> <small>Retirement plan</small> <input type="checkbox"/> <small>Third-party sick pay</small> <input type="checkbox"/>	13 <small>Secretary employee</small> <input type="checkbox"/> <small>Retirement plan</small> <input type="checkbox"/> <small>Third-party sick pay</small> <input type="checkbox"/>	12b	12b	
14 Other (see instructions)	14 Other (see instructions)	12c	12c	
		12d	12d	
Previously reported		Correct Information		
15 State IL	15 State IL	15 State	15 State	
Employer's state ID number 84-4488773 000 4	Employer's state ID number 84-4488773 000 4	Employer's state ID number	Employer's state ID number	
16 State wages, tips, 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 tax \$2,367.02	17 State income tax \$783.17	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	

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

Corrected Wage and Tax Statement

Copy C—For EMPLOYEE'S RECORDS

Department of the Treasury Internal Revenue Service

Notice to Employee

This is a corrected Form W-2, Wage and Tax Statement, (or Form W-2AS, W-2CAN, W-2GU, W-2VI, or W-2PR) 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 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.

a Employer's name, address, and ZIP code F21 OPCO LLC 110 E 9TH ST STE A500 LOS ANGELES, CA 90079-1300	c Tax year/Form corrected 2023 / W-2	d Employee's correct SSN ****7977
	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 84-4488773	g Employee's previously reported name	

h Employee's first name and initial MOUNIKA	Last name POLURU	Suff.
	APT 165 8655 ARLINGTON AVE RIVERSIDE, CA 92503-1398	

Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the instructions for Forms W-2c and W-3c, boxes 5 and 6).

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	3	Social security wages	4	Social security tax withheld	4	Social security tax withheld
5	Medicare wages and tips	5	Medicare wages and tips	6	Medicare tax withheld	6	Medicare tax withheld
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	
15	State IL	15	State IL
	Employer's state ID number 84-4488773 000 4		Employer's state ID number 84-4488773 000 4
16	State wages, tips, etc. \$49,029.88	16	State wages, tips, etc. \$16,225.41
17	State income tax \$2,367.02	17	State income tax \$783.17

Locality Correction Information			
Previously reported		Correct Information	
18	Local wages, tips, etc.	18	Local wages, tips, etc.
19	Local income tax	19	Local income tax
20	Locality name	20	Locality name