

<b>44444</b>		<b>For Official Use Only ▶</b> OMB No. 1545-0008							
<b>a</b> Employer's name, address, and ZIP code EA LEARN INC 145 TALMADGE RD STE 23  EDISON NJ 08817				<b>c</b> Tax year/Form corrected  2023 / <b>W2</b>		<b>d</b> Employee's correct SSN  651-41-4455			
				<b>e</b> 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 <b>previously filed</b> ▶					
				<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN 26-1260542				<b>g</b> Employee's <b>previously reported</b> name					
<b>Note:</b> 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).				<b>h</b> Employee's first name and initial MONICA		Last name SATYANI	Suff. 		
				4610 MARGERY DR  FREMONT CA 94538					
<b>i</b> Employee's address and ZIP code									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>1</b> Wages, tips, other compensation  103561.52		<b>1</b> Wages, tips, other compensation  131414.32		<b>2</b> Federal income tax withheld  14807.84		<b>2</b> Federal income tax withheld  19019.47			
<b>3</b> Social security wages  103561.52		<b>3</b> Social security wages  131414.32		<b>4</b> Social security tax withheld  6420.81		<b>4</b> Social security tax withheld  8147.69			
<b>5</b> Medicare wages and tips  103561.52		<b>5</b> Medicare wages and tips  131414.32		<b>6</b> Medicare tax withheld  1501.64		<b>6</b> Medicare tax withheld  1905.51			
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips			
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits			
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 Code		<b>12a</b> See instructions for box 12 Code			
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> Code		<b>12b</b> Code			
<b>14</b> Other (see instructions) CA SDI 70.50		<b>14</b> Other (see instructions) CA SDI 321.18		<b>12c</b> Code		<b>12c</b> Code			
				<b>12d</b> Code		<b>12d</b> Code			
<b>State Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>15</b> State CA Employer's state ID number 128-8023-3		<b>15</b> State CA Employer's state ID number 128-8023-3		<b>15</b> State  Employer's state ID number		<b>15</b> State  Employer's state ID number			
<b>16</b> State wages, tips, etc.  7833.60		<b>16</b> State wages, tips, etc.  35686.40		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.			
<b>17</b> State income tax  459.43		<b>17</b> State income tax  2282.93		<b>17</b> State income tax		<b>17</b> State income tax			
<b>Locality Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.			
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax			
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name			

Copy B – To Be Filed with Employee's FEDERAL Tax Return

<b>44444</b>		<b>For Official Use Only</b> ▶ OMB No. 1545-0008							
<b>a</b> Employer's name, address, and ZIP code EA LEARN INC 145 TALMADGE RD STE 23  EDISON NJ 08817				<b>c</b> Tax year/Form corrected  2023 / <b>W2</b>		<b>d</b> Employee's correct SSN  651-41-4455			
				<b>e</b> 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 <b>previously filed</b> ▶					
				<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN 26-1260542				<b>g</b> Employee's <b>previously reported</b> name					
<b>Note:</b> 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).				<b>h</b> Employee's first name and initial MONICA		Last name SATYANI	Suff. 		
				4610 MARGERY DR  FREMONT CA 94538					
<b>i</b> Employee's address and ZIP code									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		<b>2</b> Federal income tax withheld			
103561.52		131414.32		14807.84		19019.47			
<b>3</b> Social security wages		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		<b>4</b> Social security tax withheld			
103561.52		131414.32		6420.81		8147.69			
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		<b>6</b> Medicare tax withheld			
103561.52		131414.32		1501.64		1905.51			
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips			
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits			
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		<b>12a</b> See instructions for box 12			
				Code		Code			
<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>13</b> Statutory employee Retirement plan Third-party sick pay		<b>12b</b>		<b>12b</b>			
				Code		Code			
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)		<b>12c</b>		<b>12c</b>			
CA SDI 70.50		CA SDI 321.18		Code		Code			
				<b>12d</b>		<b>12d</b>			
				Code		Code			
<b>State Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>15</b> State		<b>15</b> State		<b>15</b> State		<b>15</b> State			
CA Employer's state ID number 128-8023-3		CA Employer's state ID number 128-8023-3		Employer's state ID number		Employer's state ID number			
<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.			
7833.60		35686.40							
<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax			
459.43		2282.93							
<b>Locality Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.			
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax			
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> 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.

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<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips			
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits			
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<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b> Code		<b>12b</b> Code			
<b>14</b> Other (see instructions) CA SDI 70.50		<b>14</b> Other (see instructions) CA SDI 321.18		<b>12c</b> Code		<b>12c</b> Code			
				<b>12d</b> Code		<b>12d</b> Code			
<b>State Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>15</b> State CA Employer's state ID number 128-8023-3		<b>15</b> State CA Employer's state ID number 128-8023-3		<b>15</b> State Employer's state ID number		<b>15</b> State Employer's state ID number			
<b>16</b> State wages, tips, etc. 7833.60		<b>16</b> State wages, tips, etc. 35686.40		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.			
<b>17</b> State income tax 459.43		<b>17</b> State income tax 2282.93		<b>17</b> State income tax		<b>17</b> State income tax			
<b>Locality Correction Information</b>									
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>			
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.			
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax			
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name			

Copy 2 – To Be Filed with Employee's State, City, or Local Income Tax Department