

DO NOT CUT, FOLD, OR STAPLE

55555		a Tax year/Form corrected 2023 / W-2		For Official Use Only ▶ OMB No. 1545-0008			
b Employer's name, address, and ZIP code BROADWAY SOFTWARE LLC 75 EXECUTIVE DR STE 441 AURORA IL 60504		c Kind of Payer (Check one) 941/941-SS Military 943 944 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CT-1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Kind of Employer (Check one) None apply 501c non-govt. <input checked="" type="checkbox"/> <input type="checkbox"/> State/local non-501c State/local 501c Federal govt. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/> (Check if applicable)	
d Number of Forms W-2c 1		e Employer's Federal EIN 88-3601366		f Establishment number		g Employer's state ID number	
Complete boxes h, i, or j only if incorrect on last form filed.		h Employer's originally reported Federal EIN		i Incorrect establishment number		j Employer's incorrect state ID number	
Total of amounts previously reported as shown on enclosed Forms W-2c.		Total of corrected amounts as shown on enclosed Forms W-2c.		Total of amounts previously reported as shown on enclosed Forms W-2c.		Total of corrected amounts as shown on enclosed Forms W-2c.	
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 Deferred compensation		12a Deferred compensation	
14 Inc. tax w/h by third-party sick pay payer		14 Inc. tax w/h by third-party sick pay payer		12b		12b	
16 State wages, tips, etc. 21360.00		16 State wages, tips, etc. 0.00		17 State income tax 0.00		17 State income tax 0.00	
18 Local wages, tips, etc.		18 Local wages, tips, etc.		19 Local income tax		19 Local income tax	
Explain decreases here: Employee lived and worked in New Hampshire.							
Has an adjustment been made on an employment tax return filed with the Internal Revenue Service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," give date the return was filed ▶							
Under penalties of perjury, I declare that I have examined this return, including accompanying documents, and, to the best of my knowledge and belief, it is true, correct, and complete.							
Signature ▶ <i>Jason Shipp</i>		Title ▶ Agent in Fact		Date ▶ 02/28/2024			
Employer's contact person Jason Shipp				Employer's telephone number (888) 927-7478		For Official Use Only	
Employer's fax number (775) 562-2657				Employer's email address amendments@intuit.com			

Form **W-3c** (Rev. 12-2019)

Transmittal of Corrected Wage and Tax Statements

Department of the Treasury
Internal Revenue Service

Purpose of Form

Use this form to transmit Copy A of the most recent version of **Form(s) W-2c, Corrected Wage and Tax Statement**. Make a copy of Form W-3c and keep it with Copy D (For Employer) of Forms W-2c for your records. File Form W-3c even if only one Form W-2c is being filed or if those Forms W-2c are being filed only to correct an employee's name and social security number (SSN) or the employer identification number (EIN). See the General Instructions for Forms W-2 and W-3 for information on completing this form.

E-Filing

The SSA strongly suggests employers report Form W-3c and Forms W-2c Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 25 Forms W-2c at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2c Electronically (EFW2C)*.

For more information, go to www.socialsecurity.gov/employer. First time filers, select "Go to Register"; returning filers select "Go To Log In."

For Paperwork Reduction Act Notice, see separate instructions.

When To File

File this form and Copy A of Form(s) W-2c with the Social Security Administration as soon as possible after you discover an error on Forms W-2, W-2AS, W-2GU, W-2CM, W-2VI, or W-2c. Provide Copies B, C, and 2 of Form W-2c to your employees as soon as possible.

Where To File

If you use the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration
Direct Operations Center
P.O. Box 3333
Wilkes-Barre, PA 18767-3333**

If you use a carrier other than the U.S. Postal Service, send Forms W-2c and W-3c to the following address:

**Social Security Administration
Data Operations Center
Attn: W-2c Process
1150 E. Mountain Drive
Wilkes-Barre, PA 18702-7997**

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a Employer's name, address, and ZIP code BROADWAY SOFTWARE LLC 75 EXECUTIVE DR STE 441 AURORA IL 60504				c Tax year/Form corrected 2023 / W2		d Employee's correct SSN 128-04-5480			
				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 88-3601366				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 AGNES MONICA		Last name VATAPARTHY	Suff. _____		
				2 LOUISBURG SQUARE #7 NASHUA NH 03060					
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		12 a See instructions for box 12 Code		12 a See instructions for box 12 Code			
13 Statutory employee Retirement plan Third-party sick pay		13 Statutory employee Retirement plan Third-party sick pay		12 b Code		12 b Code			
14 Other (see instructions)		14 Other (see instructions)		12 c Code		12 c Code			
				12 d Code		12 d Code			
State Correction Information									
Previously reported		Correct information		Previously reported		Correct information			
15 State IL Employer's state ID number 88-3601366000		15 State Employer's state ID number		15 State Employer's state ID number		15 State Employer's state ID number			
16 State wages, tips, etc. 21360.00		16 State wages, tips, etc. 0.00		16 State wages, tips, etc.		16 State wages, tips, etc.			
17 State income tax 0.00		17 State income tax 0.00		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 D – For Employer