

44444

For Official Use Only
OMB No. 1545-0008Safe, accurate,
FAST! UseVisit the IRS website
at www.irs.gov/efile.**a** Employer's name, address, and ZIP codeXACTWARE SOLUTIONS, INC
545 WASHINGTON BOULEVARD
JERSEY CITY NJ 07310**c** Tax year/Form corrected

2023 / W-2

d Employee's correct SSN

854-40-1436

e 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 if incorrect on form previously filed:

f Employee's previously reported SSN**b** Employer identification number (EIN)

13-3189711

g Employee's previously reported name**h** Employee's first name and initial

VENKATA SAI JYOTHISH

Last name

ATLURI

Suff.

1662 BROOKDALE ROAD APT #24

NAPERVILLE IL 60563

i Employee's address and ZIP code**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 *Specific Instructions for Form W-2c*, boxes 5 and 6).

Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation	35927.76	1 Wages, tips, other compensation	34469.43	2 Federal income tax withheld	3743.80	2 Federal income tax withheld	3647.22
3 Social security wages	35927.76	3 Social security wages	34,469.43	4 Social security tax withheld	2227.52	4 Social security tax withheld	2,137.10
5 Medicare wages and tips	35927.76	5 Medicare wages and tips	34469.43	6 Medicare tax withheld	520.95	6 Medicare tax withheld	499.80
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	1331897110004	Employer's state ID number	1331897110004	Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc.	35927.76	16 State wages, tips, etc.	34469.43	16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax	1711.36	17 State income tax	1643.76	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

Form **W-2c** (Rev. 8-2023)

Corrected Wage and Tax Statement

Department of the Treasury
Internal Revenue Service

Form 5314