44444	For Official Use Only OMB No. 1545-0008	•			
a Employer's nar	me, address, and ZIP cod	le	c Tax year/Form corrected	d Employee's correct SSN	
, ,				2 2pioyoo o contoot con	
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2023 / W-2 765-45-6450		
NEW YORI	K, NY 10008		e Corrected SSN and/or name (Check g if incorrect on form previously filed	.)	
			Complete boxes f and/or g only if incor	rect on form previously filed	
			f Employee's previously reported SSN		
b Employer's Fed	deral EIN		g Employee's previously reported name		
46-2283	648				
			h Employee's first name and initial Sri Harsha Swaraj	Last name Suff. Nadendla	
			SRI HARSHA SWARAJ NA	DE'NDI.A	
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2			33 POMANDER WALK		
and W-3, under	Specific Instructions	for Form W-2c, boxes 5 and 6).	RIDGEWOOD, NJ 07450 i Employee's address and ZIP code		
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, ot	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
3000.00)	0.00	186.00	0.00	
5 Medicare wag	١ ١	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
3000.00		0.00	43.50	0.00	
7 Social securit	ty 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 plan	irement Third-party	13 Statutory employee plan Third-party sick pay	12b	12b	
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c	
,	,	,	Coda	Cod	
			12d	12d	
			o d e	o de	
Dravieu	alv vonovtod	State Correction Correct information	•	Covered information	
15 State	sly reported	15 State	Previously reported 15 State	Correct information 15 State	
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income	tax	17 State income tax	17 State income tax	17 State income tax	
Locality Correction Information					
Previou	sly 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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	OMB No. 1545-0008		FAST! Use		at www.irs.gov.	
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Emp	d Employee's correct SSN	
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2023 / W-2	1 1	765-45-6450	
NEW YOR	K, NY 10008		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 f	orm previously filed >	
			f Employee's previously re	ported SSN		
b Employer's Fe	deral EIN		g Employee's previously reported name			
46-2283	648					
			h Employee's first name an Sri Harsha Sw		me Suff. endla	
			SRI HARSHA SW	VARAJ NADENDI	.A	
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).			33 POMANDER WALK RIDGEWOOD, NJ 07450 i Employee's address and ZIP code			
Previou	sly reported	Correct information	Previously repo	orted C	Correct information	
1 Wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held 2 Fed	deral income tax withheld	
3 Social securit	ty wages	3 Social security wages	4 Social security tax withh	neld 4 Soc	cial security tax withheld	
3000.00)	0.00	186.00	0.	00	
5 Medicare was	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Me	dicare tax withheld	
3000.00)	0.00	43.50	0.	00	
7 Social securit	ty tips	7 Social security tips	8 Allocated tips	8 Allo	ocated tips	
9		9	10 Dependent care benefits	s 10 De	pendent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	12 12a Sec	e instructions for box 12	
13 Statutory employee plan	rirement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
		-	12d	12d		
			C od e	Code		
			ē	ē		
		State Correction	n Information			
Previou	sly reported	Correct information	Previously repo	orted C	Correct information	
15 State		15 State	15 State	15 Sta	te	
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	ber Emp	oloyer's state ID number	
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 Sta	te wages, tips, etc.	
17 State income	tax	17 State income tax	17 State income tax	17 Sta	te income tax	
Locality Correction Information						
Previou	sly reported	Correct information	Previously repo	orted C	Correct information	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Loc	al wages, tips, etc.	
19 Local income	tax	19 Local income tax	19 Local income tax	19 Loc	al income tax	
20 Locality name)	20 Locality name	20 Locality name	20 Loc	ality name	

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a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employe	e's correct SSN	
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2023 / W-2	765-4	765-45-6450	
NEW YORK, NY 10008			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	d SSN		
b Employer's Fe	deral EIN		g Employee's previously reporte	ed name		
46-2283	648					
			h Employee's first name and initia Sri Harsha Swara		dla	
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2			SRI HARSHA SWARAJ NADENDLA 33 POMANDER WALK RIDGEWOOD, NJ 07450			
*	•	for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP co			
	sly reported	Correct information	Previously reported		rect information	
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federa	income tax withheld	
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social	security tax withheld	
3000.00	•	0.00	186.00	0.00		
5 Medicare way	•	5 Medicare wages and tips	6 Medicare tax withheld		re tax withheld	
3000.00	•	0.00	43.50	0.00		
7 Social securit	ty tips	7 Social security tips	8 Allocated tips	8 Allocate	ea tips	
9		9	10 Dependent care benefits	10 Depend	dent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box 12	12a See ins	tructions for box 12	
13 Statutory employee plan	rirement Third-party n sick pay	13 Statutory employee Plan Third-party sick pay	12b	12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
			12d	12d		
			C	C o d e		
		State Correction				
	sly reported	Correct information	Previously reported		rect information	
15 State		15 State	15 State	15 State		
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employ	er's state ID number	
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State w	ages, tips, etc.	
17 State income	tax	17 State income tax	17 State income tax	17 State in	come tax	
Locality Correction Information						
Previou	sly reported	Correct information	Previously reported	Cor	rect information	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local w	ages, tips, etc.	
19 Local income	tax	19 Local income tax	19 Local income tax	19 Local in	come tax	
20 Locality name)	20 Locality name	20 Locality name	20 Locality	name	

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a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN	
JUSTWORKS EMPLOYMENT GROUP LLC P.O. BOX 7119 CHURCH STREET STATION			2023 / w-2	765-45-6450	
NEW YORK, NY 10008			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 incor	rrect on form previously filed	
			f Employee's previously reported SSN		
b Employer's Fe	deral EIN		g Employee's previously reported name		
46-2283	648				
			h Employee's first name and initial Sri Harsha Swaraj	Last name Suff. Nadendla	
N . O .			SRI HARSHA SWARAJ NADENDLA		
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).			33 POMANDER WALK RIDGEWOOD, NJ 07450 i Employee's address and ZIP code		
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social securit	, ,	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
3000.00 5 Medicare was	•	0.00 5 Medicare wages and tips	186.00 6 Medicare tax withheld	0.00 6 Medicare tax withheld	
3000.00	•	0.00	43.50	0.00	
7 Social securit		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 plan	rirement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c	
			12d	12d	
		State Correction			
Previou 15 State	sly reported	Correct information 15 State	Previously reported 15 State	Correct information 15 State	
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income	tax	17 State income tax	17 State income tax	17 State income tax	
Locality Correction Information					
	isly 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	