



|   |   |   |  |
|---|---|---|--|
| <b>4444</b>   | <b>For Official Use Only ▶</b><br>OMB No. 1545-0008   |   |  |
| <b>a</b> Employer's name, address, and ZIP code<br><br>JUSTWORKS EMPLOYMENT GROUP LLC<br>P.O. BOX 7119 CHURCH STREET STATION<br>NEW YORK, NY 10008  | <b>c</b> Tax year/Form corrected<br><br>2023 / W-2  |   | <b>d</b> Employee's correct SSN<br><br>765-45-6450 |
|   | <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<br><br>46-2283648   | <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<br>Sri Harsha Swaraj   |   | Last name<br>Nadendla<br><br>Suff.                 |
|   | <b>i</b> Employee's address and ZIP code<br>SRI HARSHA SWARAJ NADENDLA<br>33 POMANDER WALK<br>RIDGEWOOD, NJ 07450                                 |   |  |
| <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               |
| <b>3</b> Social security wages<br>3000.00   | <b>3</b> Social security wages<br>0.00  | <b>4</b> Social security tax withheld<br>186.00 | <b>4</b> Social security tax withheld<br>0.00      |
| <b>5</b> Medicare wages and tips<br>3000.00   | <b>5</b> Medicare wages and tips<br>0.00  | <b>6</b> Medicare tax withheld<br>43.50         | <b>6</b> Medicare tax withheld<br>0.00             |
| <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             |
| <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>                                      | <b>12b</b>   |
| <b>14</b> Other (see instructions)  | <b>14</b> Other (see instructions)  | <b>12c</b>                                      | <b>12c</b>   |
|   |   | <b>12d</b>                                      | <b>12d</b>   |
| <b>State Correction 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                                    |
| Employer's state ID number  | Employer's state ID number  | 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.                  |
| <b>17</b> State income tax  | <b>17</b> State income tax  | <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>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 1—State, City, or Local Tax Department**

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| <b>4444</b>   | <b>For Official Use Only ▶</b><br>OMB No. 1545-0008 | <b>Safe, accurate,<br/>FAST! Use</b>  |  | Visit the IRS website<br>at <a href="http://www.irs.gov">www.irs.gov</a> . |  |  |  |
| <b>a</b> Employer's name, address, and ZIP code<br><br>JUSTWORKS EMPLOYMENT GROUP LLC<br>P.O. BOX 7119 CHURCH STREET STATION<br>NEW YORK, NY 10008  |   | <b>c</b> Tax year/Form corrected<br><br>2023 / W-2  |   | <b>d</b> Employee's correct SSN<br><br>765-45-6450                         |  |  |  |
|   |   | <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<br><br>46-2283648   |   | <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<br>Sri Harsha Swaraj   |   | Last name<br>Nadendla  |  |  |  |
|   |   | SRI HARSHA SWARAJ NADENDLA<br>33 POMANDER WALK<br>RIDGEWOOD, NJ 07450   |   | Suff.  |  |  |  |
|   |   | <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>             |  |
| 1 Wages, tips, other compensation   |   | 1 Wages, tips, other compensation   |   | 2 Federal income tax withheld  |  | 2 Federal income tax withheld          |  |
| 3 Social security wages<br>3000.00  |   | 3 Social security wages<br>0.00   |   | 4 Social security tax withheld<br>186.00                                   |  | 4 Social security tax withheld<br>0.00 |  |
| 5 Medicare wages and tips<br>3000.00  |   | 5 Medicare wages and tips<br>0.00   |   | 6 Medicare tax withheld<br>43.50   |  | 6 Medicare tax withheld<br>0.00        |  |
| 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 Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |   | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>          |   | 12b  |  | 12b                                    |  |
| 14 Other (see instructions)   |   | 14 Other (see instructions)   |   | 12c  |  | 12c                                    |  |
|   |   |   |   | 12d  |  | 12d                                    |  |
| <b>State Correction Information</b>   |   |   |   |  |  |  |  |
| <b>Previously reported</b>  |   | <b>Correct information</b>  |   | <b>Previously reported</b>   |  | <b>Correct information</b>             |  |
| 15 State  |   | 15 State  |   | 15 State   |  | 15 State                               |  |
| Employer's state 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                    |  |
| <b>Locality Correction Information</b>  |   |   |   |  |  |  |  |
| <b>Previously reported</b>  |   | <b>Correct information</b>  |   | <b>Previously reported</b>   |  | <b>Correct information</b>             |  |
| 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**

|   |   |   |   |  |  |  |  |
|---|---|---|---|--|--|--|--|
| <b>4444</b>   | <b>For Official Use Only ▶</b><br>OMB No. 1545-0008 | <b>Safe, accurate,<br/>FAST! Use</b>  |  | Visit the IRS website<br>at <a href="http://www.irs.gov">www.irs.gov</a> . |  |  |  |
| <b>a</b> Employer's name, address, and ZIP code<br><br>JUSTWORKS EMPLOYMENT GROUP LLC<br>P.O. BOX 7119 CHURCH STREET STATION<br>NEW YORK, NY 10008  |   | <b>c</b> Tax year/Form corrected<br><br>2023 / W-2  |   | <b>d</b> Employee's correct SSN<br><br>765-45-6450                         |  |  |  |
|   |   | <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<br><br>46-2283648   |   | <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<br>Sri Harsha Swaraj   |   | Last name<br>Nadendla  |  |  |  |
|   |   | SRI HARSHA SWARAJ NADENDLA<br>33 POMANDER WALK<br>RIDGEWOOD, NJ 07450   |   | Suff.  |  |  |  |
|   |   | <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>             |  |
| 1 Wages, tips, other compensation   |   | 1 Wages, tips, other compensation   |   | 2 Federal income tax withheld  |  | 2 Federal income tax withheld          |  |
| 3 Social security wages<br>3000.00  |   | 3 Social security wages<br>0.00   |   | 4 Social security tax withheld<br>186.00                                   |  | 4 Social security tax withheld<br>0.00 |  |
| 5 Medicare wages and tips<br>3000.00  |   | 5 Medicare wages and tips<br>0.00   |   | 6 Medicare tax withheld<br>43.50   |  | 6 Medicare tax withheld<br>0.00        |  |
| 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                                    |  |
| <b>State Correction Information</b>   |   |   |   |  |  |  |  |
| <b>Previously reported</b>  |   | <b>Correct information</b>  |   | <b>Previously reported</b>   |  | <b>Correct information</b>             |  |
| 15 State  |   | 15 State  |   | 15 State   |  | 15 State                               |  |
| Employer's state 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                    |  |
| <b>Locality Correction Information</b>  |   |   |   |  |  |  |  |
| <b>Previously reported</b>  |   | <b>Correct information</b>  |   | <b>Previously reported</b>   |  | <b>Correct information</b>             |  |
| 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 C—For EMPLOYEE's RECORDS**

|   |   |   |  |
|---|---|---|--|
| <b>4444</b>   | <b>For Official Use Only ▶</b><br>OMB No. 1545-0008   |   |  |
| <b>a</b> Employer's name, address, and ZIP code<br><br>JUSTWORKS EMPLOYMENT GROUP LLC<br>P.O. BOX 7119 CHURCH STREET STATION<br>NEW YORK, NY 10008  | <b>c</b> Tax year/Form corrected<br><br>2023 / W-2  |   | <b>d</b> Employee's correct SSN<br><br>765-45-6450 |
|   | <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<br><br>46-2283648   | <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 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<br>Sri Harsha Swaraj   | Last name<br>Nadendla                           | Suff.  |
|   | SRI HARSHA SWARAJ NADENDLA<br>33 POMANDER WALK<br>RIDGWOOD, NJ 07450  |   |  |
| <b>i</b> Employee's address and ZIP code  |   |   |  |
| <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               |
| <b>3</b> Social security wages<br>3000.00   | <b>3</b> Social security wages<br>0.00  | <b>4</b> Social security tax withheld<br>186.00 | <b>4</b> Social security tax withheld<br>0.00      |
| <b>5</b> Medicare wages and tips<br>3000.00   | <b>5</b> Medicare wages and tips<br>0.00  | <b>6</b> Medicare tax withheld<br>43.50         | <b>6</b> Medicare tax withheld<br>0.00             |
| <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             |
| <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>                                      | <b>12b</b>   |
| <b>14</b> Other (see instructions)  | <b>14</b> Other (see instructions)  | <b>12c</b>                                      | <b>12c</b>   |
|   |   | <b>12d</b>                                      | <b>12d</b>   |
| <b>State Correction 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                                    |
| 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.                  |
| <b>17</b> State income tax  | <b>17</b> State income tax  | <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>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 Return