

229 WILLOW PKWY
IL 60089

2/8/2018

Dear PRADEEP KUMAR CHAVVA

After a careful review of your 2017 tax records it was determined that your w2 FICA wages and taxes was reported incorrectly. Now we have made the necessary corrections.

You will need to file an amended return(s) to include the W2 correction amounts.

If you have not yet filed your 2017 tax return(s), you will need to file the original W-2 and W-2 Correction with your return (s).


We apologize for any inconvenience this has caused you, and if you have any question please call the Sears Holding HR Support Center at 1-888-88SEARS. (888-887-3277)

Sincerely,


Vamsee Krishna
Payroll Tax

Sears Holdings Corporation

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4444	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code SEARS HOLDINGS MANAGEMENT CORP CORPORATE OFFICES 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179		c Tax year/Form corrected 2017 / W-2		d Employee's correct SSN 839-90-4563			
		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 ▶					
b Employer's Federal EIN 20-3592148		f Employee's previously reported SSN					
		g Employee's previously reported name		h Employee's first name and initial PRADEEP KUMAR			
		i Employee's address and ZIP code 229 WILLOW PKWY BUFFALO GROOVE, IL 60089		Last name CHAVVA Suff. 1 of 1			
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).							
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 58364.10		1 Wages, tips, other compensation 50391.87		2 Federal income tax withheld 8700.68		2 Federal income tax withheld 7090.43	
3 Social security wages 58364.10		3 Social security wages 50391.87		4 Social security tax withheld 3618.57		4 Social security tax withheld 3145.90	
5 Medicare wages and tips 58364.10		5 Medicare wages and tips 50391.87		6 Medicare tax withheld 846.28		6 Medicare tax withheld 735.74	
7 Social security tips		7 Social security tips		8 Allocated tips		8 Allocated tips	
9 Advance EIC payment		9 Advance EIC payment		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		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	
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

4444	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code SEARS HOLDINGS MANAGEMENT CORP CORPORATE OFFICES 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179		c Tax year/Form corrected 2017 / W-2		d Employee's correct SSN 839-90-4563			
		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 ▶					
b Employer's Federal EIN 20-3592148		f Employee's previously reported SSN					
		g Employee's previously reported name		h Employee's first name and initial PRADEEP KUMAR			
		i Employee's address and ZIP code 229 WILLOW PKWY BUFFALO GROOVE, IL 60089		Last name CHAVVA			
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		Suff. 1 of 1					
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7 Social security tips		7 Social security tips		8 Allocated tips		8 Allocated tips	
9 Advance EIC payment		9 Advance EIC payment		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		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	
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	

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		f Employee's previously reported SSN	
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		Suff. 229 WILLOW PKWY BUFFALO GROOVE, IL 60089	
i Employee's address and ZIP code 1 of 1			
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14 Other (see instructions)	14 Other (see instructions)	12c	12c
		12d	12d
State Correction Information			
Previously reported		Correct information	
15 State	15 State	15 State	15 State
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			
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 2—To Be Filed with Employee's State, City, or Local Income Tax Return

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 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.

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2017 General Instructions for Forms W-2 and W-3. You can order those instructions and additional forms at www.irs.gov/orderforms.

Caution: Do not send the SSA Forms W-2 and W-3 that you have printed from IRS.gov. The SSA is unable to process these forms. Instead, you can create and submit them online. See *E-filing*, later.

Due dates. By January 31, 2018, furnish Copies B, C, and 2 to each person who was your employee during 2017. Mail or electronically file Copy A of Form(s) W-2 and W-3 with the SSA by January 31, 2018. See the separate instructions.

Need help? If you have questions about reporting on Form W-2, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment for persons who are deaf, hard of hearing, or have a speech disability, call 304-579-4827 (not toll free).

E-filing. If you file 250 or more Form(s) W-2, you must file electronically. Even if you are not required to file electronically, doing so can save you time and effort. Employers may now use the SSA's W-2 Online service to create, save, print, and submit up to 50 Form(s) W-2 at a time over the Internet. When you e-file with the SSA, no separate Form W-3 filing is required. An electronic Form W-3 will be created for you by the W-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at www.SSA.gov/employer.

Future developments. Information about any future developments affecting Form W-2 and its instructions (such as legislation enacted after we release them) will be posted at www.irs.gov/w2.