

# Damodar Reddy Ambati - 001889 - Greensky, LLC

## W-2C

44444	<b>For Official Use Only</b> OMB No. 1545-0008	Safe, accurate,  Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> <b>FAST! Use</b>																																																	
<b>a</b> Employer's name, address, and ZIP code  Greensky Management Company LLC  5565 Glenridge Connector Ste 700 Atlanta, GA 30342	<b>c</b> Tax year/Form corrected 2017/W-2	<b>d</b> Employee's correct SSN 724-63-1993																																																	
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Previously reported	Correct information	Previously reported	Correct information
<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>			
Previously reported	Correct information	Previously reported	Correct information
<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 B -- To Be Filed with Employee's FEDERAL Tax Return

Form **W-2c** (Rev. 8-2014)

Corrected Wage and Tax Statement

Department of the Treasury

Internal Revenue Service

4 4 4 4 4	<b>For Official Use Only</b> OMB No. 1545-0008	Safe, accurate,  Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> <b>FAST! Use</b>																																																	
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<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>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 C -- For EMPLOYEE's RECORDS

Form **W-2c** (Rev. 8-2014)

**Corrected Wage and Tax Statement**

Department of the Treasury  
Internal Revenue Service

## 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.

4 4 4 4 4	<b>For Official Use Only</b> ▶ OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  <p style="text-align:center;">Greensky Management Company LLC                       5565 Glenridge Connector                      Ste 700                      Atlanta, GA 30342</p>	<b>c</b> Tax year/Form corrected <b>2017/W-2</b>	<b>d</b> Employee's correct SSN <p style="text-align:center;">724-63-1993</p>	
	<b>e</b> Corrected SSN and/or name (Check this box and complete boxes f and/or g if <input type="checkbox"/> incorrect on form previously filed.)		
	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  <p style="text-align:center;">81-4749819</p>	<b>g</b> Employee's <b>previously reported</b> name		
<p><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).</p>	<b>h</b> Employee's first name and initial <p style="text-align:center;">Damodar Reddy</p>	Last name <p style="text-align:center;">Ambati</p>	Suff.
	<p style="text-align:center;">728 Marsh Trail CR                      Apt-728                      Atlanta, GA 30328</p>		
<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>
<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	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	<b>4</b> Social security tax withheld
<b>5</b> Medicare wages and tips	<b>5</b> Medicare wages and tips	<b>6</b> Medicare tax withheld	<b>6</b> Medicare tax withheld
<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>12</b> See instructions for box 12 DD                      450.46	<b>12</b> See instructions for box 12 DD                      359.18
<b>13</b> Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>13</b> Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)		
<b>State Correction Information</b>			
<b>Previously reported</b>	<b>Correct 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
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<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

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Department of the Treasury

Internal Revenue Service