44444	For Official Use On OMB No. 1545-0008		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.	
a Employer's na	me, address, and ZIP co	ode	c Tax year/Form corrected	d Employee's correct SSN	
ONWARDPAT	H TECHNOLOGY	SOLUTIONS,			
2701 LARSEN ROAD, BA 142			2017 / W-2	671-56-2142	
GREEN BAY WI 54303			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's Federal EIN 45-2342434			g Employee's previously reported name ANIL TUMMEDA		
			h Employee's first name and initial ANIL RAJU 1448 HONOR WAY	Last name Suff. TUMMEDA	
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).			DE PERE i Employee's address and ZIP code	WI 54115	
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securi	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 pla	tirement 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			
	isly reported	Correct information	Previously reported	Correct 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	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 Correct	ion Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
18 Local wages,		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	9	20 Locality name	20 Locality name	20 Locality name	

44444	For Official Use Onl OMB No. 1545-0008		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.	
a Employer's na	me, address, and ZIP co	ode	c Tax year/Form corrected	d Employee's correct SSN	
ONWARDPATH TECHNOLOGY SOLUTIONS,					
2701 LARSEN ROAD, BA 142			2017 / W-2	671-56-2142	
GREEN BAY WI 54303			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's Fe	deral EIN		g Employee's previously reported name		
45-234243	4		ANIL TUMMEDA		
			h Employee's first name and initial	Last name Suff.	
			ANIL RAJU	TUMMEDA	
Note Only com	anlata manay fielda th		1448 HONOR WAY		
	15	nat are being corrected (exception: for e General Instructions for Forms W-2	DE PERE	WT E411E	
		s for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code	WI 54115	
Previou	sly reported	Correct information	Previously reported	Correct information	
	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	
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
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 Reti employee plan	irement 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	
			o d	od e	
			12d	12d	
			27 d e	o d e	
		State Correction	n Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State	ory reported	15 State	15 State	15 State	
				10 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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Copy C-For EMPLOYEE's RECORDS

44444	For Official Use Onl				
- FI	OMB No. 1545-0008		c Tax year/Form corrected	d Employee's correct SSN	
	me, address, and ZIP co		C Tax year/Form corrected	d Employee 3 confect con	
ONWARDPATH TECHNOLOGY SOLUTIONS,			2017 / W-2	671-56-2142	
2701 LARSEN ROAD, BA 142					
GREEN BAY		WI 54303	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's Fe	deral EIN		g Employee's previously reported name		
45-234243	4		ANIL TUMMEDA		
			h Employee's first name and initial	Last name Suff.	
			ANIL RAJU	TUMMEDA	
			1448 HONOR WAY	±	
Note, Only con	nplete money fields th	nat are being corrected (exception: for			
		General Instructions for Forms W-2	DE PERE	WI 54115	
and W-3, under	r Specific Instructions	for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		
Previou	sly reported	Correct information	Previously reported	Correct information	
	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social securi	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securi	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 pla	tirement 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	
			G d	o d	
			12d	12d	
			o o o o o o o o o o o o o o o o o o o	00	
		State Correction	n Information		
Previou	isly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
Employer's st	tate 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	usly 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	e tax	19 Local income tax	19 Local income tax	19 Local income tax	
20 Locality name	е	20 Locality name	20 Locality name	20 Locality name	

a Employer's na	OMB No. 1545-0008				
		d a	T	15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
a Employer's name, address, and ZIP code ONWARDPATH TECHNOLOGY SOLUTIONS,		c Tax year/Form corrected	d Employee's correct SSN		
			2017 . W.2	671 56 0140	
2701 LARS	EN ROAD, BA 1	42	2017 / W-2 671–56–2142		
GREEN BAY WI 54303		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's Federal EIN 45-2342434			g Employee's previously reported name ANIL TUMMEDA		
			h Employee's first name and initial	Last name Suff.	
			ANIL RAJU	TUMMEDA	
			1448 HONOR WAY		
		at are being corrected (exception: for			
		General Instructions for W-2 and W-3,	DE PERE	WI 54115	
	Instructions for Form \		i Employee's address and ZIP code		
	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, ot	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social securit	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securit	y 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 Reti plan	rement Third-party sick pay	13 Statutory Retirement Third-party sick pay	12b	12b	
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c	
			o d	o d e	
			12d	12d	
			d e	000	
		State Correction			
	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	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	