## DO NOT CUT, FOLD, OR STAPLE THIS FORM

44444     For Official Use Only ►       OMB No. 1545-0008						
a Employer's name, address, and ZIP coo	de	c Tax year/Form corrected	d Employee's correct SSN			
Mirimus, Inc.		2022 <sub>/ W-2</sub>				
760 Parkside Avenue Suite 206		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 inco	rrect on form <b>previously filed</b>			
Brooklyn, NY 11226		f Employee's previously reported SSN				
b Employer's Federal EIN 27-3545435		g Employee's previously reported name				
		h Employee's first name and initial	Last name Suff.			
Note. Only complete money fields the corrections involving MQGE, see the and W-3, under Specific Instructions		i Employee's address and ZIP code				
Previously reported	Correct information	Previously reported	Correct information			
1 Wages, tips, other compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social security wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wages and tips	5 Medicare wags and tips	6 Medicare tax withheld	6 Medicare tax withheld			
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	13 Statutory employee Plan Third-party sick pay	12b	12b			
14 Other (see instructions)	14 Other (see instructions)	12c	12c			
		<b>12d</b>	12d			
		d e	d e			
	State Correction	n Information	<u> </u>			
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 Correct	ion Information	1			
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			

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Copy A-For Social Security Administration

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a Employer's nam	ne, address, and ZIP coo	le	c Tax year/Form corrected	d Employee's correct SSN		
Mirimus, Inc.			2022 / w-2			
760 Parkside Avenue Suite 206		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
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Brooklyn, NY 11226		f Employee's previously reported SSN				
b Employer's Federal EIN 27-3545435		g Employee's previously reported name				
			h Employee's first name and initial	Last name Suff.		
corrections invo and W-3, under	lving MQGE, see the Specific Instructions	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code			
Previous	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, oth	her compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
3 Social security	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare wag	es and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
7 Social security	y tips	7 Social security tips	8 Allocated tips	8 Allocated tips		
9		9	10 Dependent care benefits			
11 Nonqualified p	olans	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12		
13 Statutory employee Plan	ement Third-party sick pay	13 Statutory employee Plan Third-party sick pay	12b	12b		
14 Other (see inst	ructions)	14 Other (see instructions)	12c	12c		
			12d	12d		
		State Correction				
	sly 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 sta	te ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages, ti	ips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income t	ax	17 State income tax	17 State income tax	17 State income tax		
		Locality Correct				
Previous	sly reported	Correct information	Previously reported	Correct information		
18 Local wages, t	ips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		
19 Local income t	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		

44444	For Official Use Only OMB No. 1545-0008	· •	Safe, accurate, FAST! Use	irse v f	ile	Visit the IRS website at www.irs.gov.
a Employer's name, address, and ZIP code		c Tax year/Form corrected		d Employee's correct SSN		
Mirimus, Inc.		2022 / w-2				
760 Parkside Avenue		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
Suite 20	_		Complete boxes f and/or	g only if incorr	rect on form	previously filed >
Brooklyr	n, NY 11226		f Employee's previously reported SSN			
b Employer's Federal EIN 27-3545435			g Employee's previously reported name			
			h Employee's first name an	nd initial	Last name	Suf
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).			i Employee's address and ZIP code			
Previou	sly reported	Correct information	Previously repo	orted	Cor	rect information
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	held	2 Federa	I income tax withheld
3 Social securit	ty wages	3 Social security wages	4 Social security tax withh	neld	4 Social security tax withheld	
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medica	are tax withheld
7 Social securit	ty tips	7 Social security tips	8 Allocated tips		8 Allocate	ed tips
9		9	10 Dependent care benefit	s	10 Depend	dent care benefits
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	( 12	12a See istructions for box 12	
Statutory Retiplar	irement Third-party n sick pay	13 Statutory employee Retirement plan Third-party sick pay	12b		12b	
14 Other (see ins	tructions)	14 Other (see instructions)	12c		12c	
			12d C		<b>12d</b> C G G G G G G G G G G G G G G G G G G	
		State Correction		- 1		
	sly reported	Correct information	Previously repo	orted		rect information
<b>15</b> State		15 State	15 State		<b>15</b> State	
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID num	ıber	Employe	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	Previously reported Correct information		Previously repo	orted	Correct information	
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local w	rages, tips, etc.
19 Local income	tax	19 Local income tax	19 Local income tax		19 Local in	ncome tax
20 Locality name	3	20 Locality name	20 Locality name		20 Locality	name

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a Employer's na	me, address, and ZIP coo	de	c Tax year/Form corrected		<b>d</b> Employ	ee's correct SSN
Mirimus, Inc.			2022 <sub>/ W-2</sub>			
760 Parkside Avenue Suite 206			e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
Brookly	n, NY 11226		Complete boxes f and/or	<u> </u>	rect on forr	m previously filed ▶
·			f Employee's previously re	eported SSN		
b Employer's Federal EIN 27-3545435			g Employee's previously reported name			
			h Employee's first name ar	nd initial	Last name	Suff
corrections invo	olving MQGE, see the	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and	ZIP code		
Previou	sly reported	Correct information	Previously repo	orted	Coi	rect information
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax with	nheld	2 Federa	al income tax withheld
3 Social securit	ty wages	3 Social security wages	4 Social security tax with	held	4 Social	security tax withheld
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld		6 Medic	are tax withheld
7 Social securit	ty tips	7 Social security tips	8 Allocated tips		8 Alloca	ted tips
9		9	10 Dependent care benefit	ts	10 Deper	ndent care benefits
11 Nonqualified	plans	11 Nonqualified plans	12a See instructions for box	x 12	12a See in	structions for box 12
Statutory Retiplar	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	
			12d		<b>12d</b>	
			o d e		C o d e	
		State Correction	n Information			
Previou	sly reported	Correct information	Previously repo	orted	Cor	rect information
15 State	isiy roportou	15 State	15 State	ortou	15 State	Tool IIII of III de la
Employer's st	ate ID number	Employer's state ID number	Employer's state ID num	nber	Employ	er's state ID number
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		16 State v	vages, tips, etc.
17 State income	tax	17 State income tax	17 State income tax		17 State in	ncome tax
		Locality Correct	ion Information		I	
Previou	sly reported	Correct information	Previously repo	orted	Coi	rect information
18 Local wages,		18 Local wages, tips, etc.	18 Local wages, tips, etc.		18 Local v	vages, tips, etc.
19 Local income	tax	19 Local income tax	19 Local income tax		19 Local i	ncome tax
20 Locality name	3	20 Locality name	20 Locality name		20 Localit	y name

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a Employer's nar	me, address, and ZIP coo	de	c Tax year/Form corrected	d Employee's correct SSN		
Mirimus, Inc.		2022 / w-2				
760 Par Suite 20	kside Avenue		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
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	n, NY 11226		f Employee's previously reported SSN			
b Employer's Federal EIN 27-3545435		g Employee's previously reported name				
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Previou	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, of	Ť	1 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		
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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	rement Third-party sick pay	13 Statutory employee Retirement plan Third-party sick pay	12b	12b		
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c		
			12d	12d		
		Chata Camaatia				
Dravieu	alv van autod	State Correction		Correct information		
15 State	sly reported	Correct information 15 State	Previously reported  15 State	15 State		
Employer's sta	ota ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
16 State wages,				. ,		
<b>3</b> /	. ,	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income	тах	17 State income tax	17 State income tax	17 State income tax		
		Locality Correct				
	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		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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<b>b</b> Employer's Fe	ederal EIN 27-35	45435	g Employee's previously reported name			
			h Employee's first name and initial	Last name Suff.		
corrections inve		at are being corrected (exception: for General Instructions for W-2 and W-3, N-2c, boxes 5 and 6).	i Employee's address and ZIP code			
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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 Plan	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		
			e e	4		
		State Correction				
	sly reported	Correct information	Previously reported	Correct information		
<b>15</b> 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,	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		