



44444	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 Consultadd Inc 5215 N O'Connor Blvd, Floor 12, Suite Irving TX 75039		c Tax year/Form corrected 2022 / W-2		d Employee's correct SSN 876-14-2894			
b Employer's Federal EIN 27-4565433		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 ▶					
		f Employee's previously reported SSN					
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).		g Employee's previously reported name					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">h Employee's first name and initial Sajud H</td> <td style="width: 25%;">Last name Elinjulliparamb</td> <td style="width: 25%;">Suff.</td> </tr> </table>			h Employee's first name and initial Sajud H	Last name Elinjulliparamb	Suff.
		h Employee's first name and initial Sajud H	Last name Elinjulliparamb	Suff.			
Employee's address and ZIP code 41 Van Reypen St Jersey City NJ 07306							
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation 150357.40		1 Wages, tips, other compensation 183539.08		2 Federal income tax withheld 31033.63		2 Federal income tax withheld 37666.39	
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 wages 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 DD 2.60		12a See instructions for box 12 DD 180.92	
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) NJ FLI: 210.49 NJ SDI: 210.49		14 Other (see instructions) NJ FLI: 212.65 NJ SDI: 212.65		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State NJ		15 State NJ		15 State		15 State	
Employer's state ID number 274-565-433/000		Employer's state ID number 274-565-433/000		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 150360.00		16 State wages, tips, etc. 183720.00		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 8591.90		17 State income tax 10540.45		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

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b Employer's Federal EIN 27-4565433		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"/>					
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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 DD 2.60		12a See instructions for box 12 DD 180.92	
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) NJ FLI: 210.49 NJ SDI: 210.49		14 Other (see instructions) NJ FLI: 212.65 NJ SDI: 212.65		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
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Employer's state ID number 274-565-433/000		Employer's state ID number 274-565-433/000		Employer's state ID number		Employer's state ID number	
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Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
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20 Locality name		20 Locality name		20 Locality name		20 Locality name	

Copy C—For EMPLOYEE's RECORDS

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 there is a correction in box 5, Medicare wages and tips, use the corrected amount to determine if you need to file or amend Form 8959, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, as applicable.

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.

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Previously reported 18 Local wages, tips, etc.		Correct information 18 Local wages, tips, etc.	
19 Local income tax		19 Local income tax	
20 Locality name		20 Locality name	

Copy 2—To Be Filed with Employee's State, City, or Local Income Tax Return