a Tax year/Form corrected	44444	OMB No. 1545-0008					
.2019 / W-2		0 1 1001 1/			E 1 15W		
b Employee's correct SSN		c Corrected SSN and/or name (if checked, enter	Ш	d Employer's			
662-08-1429		incorrect SSN and/or na in box h and/or box i)	me .	58-1760)235		
e Employee's first name and initial	Last nan	ne	Suff.	g Employer's	name, address, and ZI	P code	
ANSHUMAN	SHAF	RMA	L	INFOSY	/S LIMITED		
1133 HIDDEN RDG				2400N	GLENNVILLE DR	C150	
APT 3114				RICHAI	RDSON TX 75082		
DALLAS-FORT WORTH f Employee's address and ZIP co				XAW	248433		
Complete boxes h and/or i o if incorrect on last form filed		yee's incorrect SSN		i Employee's	name (as incorrectly	shown on previ	ous form)
	Note: Only co	mplete money field	s that	are being co	orrected (except M	IQGE).	
Previously reported	Co	orrect information		Previo	ously reported	Co	rrect information
1 Wages, tips, other compensation	1 Wage	s, tips, other compensation		2 Federal inc	come tax withheld	2 Feder	ral income tax withheld
3 Social security wages	3 Socia	l security wages		4 Social sec	urity tax withheld	4 Socia	l security tax withheld
5 Medicare wages and tips	5 Medi	care wages and tips		6 Medicare t	tax withheld	6 Medio	care tax withheld
7 Social security tips	7 Socia	l security tips		8 Allocated t	tips	8 Alloca	ated tips
9 Advance EIC payment	9 Adva	nce EIC payment		10 Dependent	t care benefits	10 Depe	ndent care benefits
11 Nonqualified plans	11 Nong	ualified plans		12a See instruc	ctions for box 12	12a See in	nstructions for box 12
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory employe		ty	12b		12b	
14 Other (see instructions)	14 Other	(see instructions)		12c		12c	I
				12d		12d	
				C		C	
				е		e	
		State Corr	ectio	n Informati	ion		
Previously reported	Co	rrect information		Previo	usly reported	Cor	rect information
15 State	15 State			15 State		15 State	
IL	IL						
Employer's state ID number	Employ	er's state ID number		Employer's	state ID number	Employ	ver's state ID number
58-1760235 000 1	58-1	760235 000 1					
16 State wages, tips, etc.	16 State	wages, tips, etc.		16 State wage	es, tips, etc.	16 State	wages, tips, etc.
65183.35	0.00						
17 State income tax		income tax		17 State inco	me tax	17 State	income tax
3225.57	0.00						
	140	Locality Co	rrect			140 1 1	
18 Local wages, tips, etc.	18 Local	wages, tips, etc.		18 Local wag	es, tips, etc.	18 Local	wages, tips, etc.
19 Local income tax	19 Local	income tax		19 Local inco	me tax	19 Local	income tax
20 Locality name	20 Local	ity name		20 Locality na	ame	20 Local	ity name
	•					•	

а	Tax year/Form corrected 2019 / W-2		OMB No. 1545-0008		Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov.			
h	Employee's correct SSN		c Corrected SSN and/or		d Employer's Federal EIN				
662-08-1429		name (if checked, enter incorrect SSN and/or name in box h and/or box i)		58-1760235					
e	Employee's first name and initia	Last nan	ne	Suff.	g Employer's name, address, and ZII	P code			
ANSHUMAN SHARM				INFOSYS LIMITED					
	1133 HIDDEN RDG				2400N GLENNVILLE DR C150				
	APT 3114				RICHARDSON TX 75082				
f	DALLAS-FORT WORTH Employee's address and ZIP co				XAW 248433				
С	omplete boxes h and/or i o incorrect on last form filed	nly h Emplo	yee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)				
		Note: Only co	omplete money fields	s that	are being corrected (except M	QGE).			
	Previously reported	Co	orrect information		Previously reported	Correct information			
1	Wages, tips, other compensation	1 Wage	s, tips, other compensation		2 Federal income tax withheld	2 Federal income tax withheld			
_	O-sidit	0.00			4. Oasial assemble day with hald	A Control or suith the state of			
3	Social security wages	3 50018	al security wages		4 Social security tax withheld	4 Social security tax withheld			
5	Medicare wages and tips	5 Medi	care wages and tips		6 Medicare tax withheld	6 Medicare tax withheld			
7 Social security tips 7 Social se		al security tips		8 Allocated tips	8 Allocated tips				
9 Advance EIC payment 9 Advan		nce EIC payment		10 Dependent care benefits	10 Dependent care benefits				
11	Nonqualified plans	11 Nonq	ualified plans		12a See instructions for box 12	12a See instructions for box 12			
13	Statutory Retirement Third-part employee plan sick pay	y 13 Statutory employe		У	12b	12b			
14	Other (see instructions)	14 Other	(see instructions)		12c	12c			
					12d	12d			
					6	e			
			State Corre	ectio	n Information				
	Previously reported	Co	rrect information		Previously reported	Correct information			
15	State	15 State			15 State	15 State			
	IL	IL.							
	Employer's state ID number 58-1760235 000 1		yer's state ID number 760235 000 1		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.			
	65183.35	0.00			·				
17	State income tax 3225.57	17 State 0.00	income tax		17 State income tax	17 State income tax			
		0.00		recti	on Information				
18	Local wages, tips, etc.	18 Local	wages, tips, etc.	.000	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			
000	1 124		Mar		OO Lagarita	00 1 104			
20	Locality name	20 Local	іту пате		20 Locality name	20 Locality name			

a Tax year/Form corrected 2019 / W-2		OMB No. 1545-0008		Safe, accurate, FAST! Use	e ≁file	Visit the IRS website at www.irs.gov.
b Employee's correct SSN		• Corrected CCN and/or		d Employer's Edderal EIN		
' '		 C Corrected SSN and/or name (if checked, enter 	Ш	d Employer's Federal EIN		
662-08-1429		incorrect SSN and/or na in box h and/or box i)	me	58-1760235		
e Employee's first name and initia	al Last nam	ne	Suff.	g Employer's name, address, a	and ZIP code	
ANSHUMAN	SHAR	MA	l	INFOSYS LIMITED		
1133 HIDDEN RDG				2400N GLENNVILLE	DR C150	
APT 3114				RICHARDSON TX 75	5082	
DALLAS-FORT WORTH f Employee's address and ZIP co				XAW 248433		
Complete boxes h and/or i c if incorrect on last form filed	nly h Emplo	yee's incorrect SSN		i Employee's name (as incorre	ectly shown on previo	us form)
	Note: Only co	mplete money field	ls that	are being corrected (exce	ept MQGE).	
Previously reported	Co	rrect information		Previously reported	d Cori	rect information
1 Wages, tips, other compensation	1 Wages	s, tips, other compensation		2 Federal income tax withheld	2 Federa	I income tax withheld
3 Social security wages	3 Socia	I security wages		4 Social security tax withheld	4 Social	security tax withheld
5 Medicare wages and tips	5 Medic	care wages and tips		6 Medicare tax withheld	6 Medica	are tax withheld
7 Social security tips	7 Socia	I security tips		8 Allocated tips	8 Allocat	ed tips
9 Advance EIC payment	9 Advar	nce EIC payment		10 Dependent care benefits	10 Depend	dent care benefits
11 Nonqualified plans	11 Nonq	ualified plans		12a See instructions for box 12	12a See ins	structions for box 12
13 Statutory Retirement Third-par employee plan sick pay	ty 13 Statutory employee		ty	12b	12b	
14 Other (see instructions)	14 Other	(see instructions)		12c	12c	
				12d	12d	
				e l	l ĕ	
		State Corr	ectio	n Information		
Previously reported	Co	rrect information		Previously reporte	d Corr	ect information
15 State	15 State			15 State	15 State	
IL IL	IL					
Employer's state ID number		er's state ID number		Employer's state ID number	Employe	r's state ID number
58-1760235 000 1		760235 000 1		Employor o otato ib hambor	Zimpioye	To diate 15 Hamber
16 State wages, tips, etc.		wages, tips, etc.		16 State wages, tips, etc.	16 State v	vages, tips, etc.
65183.35	0.00					
17 State income tax 3225.57	17 State 0.00	income tax		17 State income tax	17 State ii	ncome tax
		Locality Co	rrecti	on Information		
18 Local wages, tips, etc.	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	20 Local	ity name		20 Locality name	20 Locality	y name
•						

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 a. 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 a, 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.

	year/Form corrected		OMB No. 1545-0008					
	oloyee's correct SSN		c Corrected SSN and/or		d Employer's Federal I	FIN		
name (if checked, en incorrect SSN and/or		name (if checked, enter incorrect SSN and/or nar in box h and/or box i)	ne	58-1760235				
e Emp	Employee's first name and initial Last name Suff.		g Employer's name, address, and ZIP code					
ANSHUMAN SHARMA			INFOSYS LIMITED					
11	133 HIDDEN RDG				2400N GLENN	IVILLE DR C1	50	
AF	PT 3114				RICHARDSON TX 75082			
	ALLAS-FORT WORTH bloyee's address and ZIP co				XAW 248433			
	olete boxes h and/or i o orrect on last form filed		yee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)			
		Note: Only co	mplete money field:	s that	are being corrected	d (except MQC		
	Previously reported	Co	orrect information		Previously re	eported	Correct information	
1 Wag	es, tips, other compensation	1 Wages	s, tips, other compensation		2 Federal income tax withheld		2 Federal income tax withheld	
3 Soc	ial security wages	3 Socia	I security wages		4 Social security tax withheld		4 Social security tax withheld	
5 Med	licare wages and tips	5 Media	care wages and tips		6 Medicare tax withheld		6 Medicare tax withheld	
7 Soc	ial security tips	7 Socia	I security tips		8 Allocated tips		8 Allocated tips	
9 Advance EIC payment 9 Advance E		nce EIC payment		10 Dependent care benefits		10 Dependent care benefits		
11 Non	qualified plans	11 Nonq	ualified plans		12a See instructions for box 12		12a See instructions for box 12	
13 Statu		/ 13 Statutory employee		у	12b		12b C	
14 Oth	er (see instructions)	14 Other	(see instructions)		12c		12c C 8	
					12d		12d C	
					<u>e</u>		<u> </u>	
			State Corre	ectio	n Information			
F	Previously reported	Co	rrect information		Previously re	eported	Correct information	
15 State	Э	15 State			15 State		15 State	
IL		IL						
Emp	loyer's state ID number	Employ	ver's state ID number		Employer's state ID r	number	Employer's state ID number	
58	-1760235 000 1	58-1	760235 000 1					
16 Stat	te wages, tips, etc.	, tips, etc. 16 State wages, tips, etc.			16 State wages, tips, etc.		16 State wages, tips, etc.	
	5183.35	0.00						
	State income tax 3225.57 17 State income tax 0.00			17 State income tax 17 State income tax				
		0.00		recti	I			
18 Loc	al wages, tips, etc.	18 Local	wages, tips, etc.		18 Local wages, tips, e	etc.	18 Local wages, tips, etc.	
19 Loc	al income tax	19 Local	income tax		19 Local income tax		19 Local income tax	
20 Loc	ality name	20 Local	ity name		20 Locality name		20 Locality name	