

a Tax year/Form corrected 2020 / W-2		4 4 4 4 4	OMB No. 1545-0008	
b Employee's correct SSN XXX-XX-1429		c Corrected SSN and/or name <input type="checkbox"/> (if checked, enter incorrect SSN and/or name in box h and/or box i)		d Employer's Federal EIN 58-1760235
e Employee's first name and initial ANSHUMAN		Last name SHARMA		Suff.
f Employee's address and ZIP code 667 E ROYAL LN APT 2068 IRVING TX 75039		g Employer's name, address, and ZIP code INFOSYS LIMITED 2400N GLENVILLE DR C150 RICHARDSON TX 75082 XAW 248433		
Complete boxes h and/or i only if incorrect on last form filed. ▶		h Employee's incorrect SSN		i Employee's name (as incorrectly shown on previous form)
Note: Only complete money fields that are being corrected (except MQGE).				
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 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 Advance EIC payment	9 Advance EIC payment	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 <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)	14 Other (see instructions)	12c	12c	
		12d	12d	
State Correction Information				
Previously reported		Correct information		
15 State IL	15 State IL	15 State	15 State	
Employer's state ID number 58-1760235 000 1	Employer's state ID number 58-1760235 000 1	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc. 56601.33	16 State wages, tips, etc. 0.00	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income tax 2800.60	17 State income tax 0.00	17 State income tax	17 State income tax	
Locality Correction 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 1—State, City, or Local Tax Department

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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 Advance EIC payment		9 Advance EIC payment		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 <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)		14 Other (see instructions)		12c		12c	
				12d		12d	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State IL		15 State IL		15 State		15 State	
Employer's state ID number 58-1760235 000 1		Employer's state ID number 58-1760235 000 1		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. 56601.33		16 State wages, tips, etc. 0.00		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax 2800.60		17 State income tax 0.00		17 State income tax		17 State income tax	
Locality Correction 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

a Tax year/Form corrected 2020 / W-2		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .	
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14 Other (see instructions)		14 Other (see instructions)		12c		12c	
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State Correction Information							
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Locality Correction 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 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.

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