| а | Tax year/Form corrected 2020 / W-2 | 44444 | OMB No. 1545-0008 | | | | | | | |
|-----------------------------|--|---|--|--------|---|-------------------------|----------------|---------------------------------|--|--|
| | | | | | | ver's Federal FIN | | | | |
| D | XXX-XX-1429 | | c Corrected SSN and/or name (if checked, enter incorrect SSN and/or name | | d Employer's Federal EIN 58-1760235 | | | | | |
| | | | in box h and/or box i) | | | | | | | |
| е | Employee's first name and initial | Last nam | Last name Suff. | | g Employer's name, address, and ZIP code | | | | | |
| ANSHUMAN SHARMA | | | | | . INFOSYS LIMITED | | | | | |
| 667 E ROYAL LN | | | | | | 2400N GLENVILLE DR C150 | | | | |
| | APT 2068 | | | | RIC | RICHARDSON TX 75082 | | | | |
| f | IRVING TX 75039 Employee's address and ZIP coo | de | | | XA | W 248433 | | | | |
| | omplete boxes h and/or i o incorrect on last form filed | | yee's incorrect SSN | | i Employee's name (as incorrectly shown on previous form) | | | | | |
| | 1 | Note: Only co | mplete money fields | s that | are beir | ng corrected (except I | MQGE). | | | |
| | Previously reported | Co | orrect information | | Pı | reviously reported | Co | rrect information | | |
| 1 | Wages, tips, other compensation | 1 Wages | s, tips, other compensation | | 2 Fede | ral income tax withheld | 2 Fede | ral income tax withheld | | |
| 3 | Social security wages | 3 Socia | 3 Social security wages | | 4 Social security tax withheld | | 4 Socia | 4 Social security tax withheld | | |
| 5 | Medicare wages and tips | 5 Medic | 5 Medicare wages and tips | | 6 Medicare tax withheld | | 6 Medi | 6 Medicare tax withheld | | |
| 7 | Social security tips | 7 Socia | 7 Social security tips | | 8 Allocated tips | | 8 Alloc | 8 Allocated tips | | |
| 9 Advance EIC payment | | 9 Advar | 9 Advance EIC payment | | 10 Dependent care benefits | | 10 Depe | 10 Dependent care benefits | | |
| 11 Nonqualified plans | | 11 Nonq | 11 Nonqualified plans | | 12a See instructions for box 12 | | 12a See | 12a See instructions for box 12 | | |
| 13 | Statutory Retirement Third-party employee plan sick pay | 13 Statutory employee | | у | 12b | | 12b | | | |
| 14 | Other (see instructions) | 14 Other | (see instructions) | | 12c | | 12c | | | |
| | | | | | 12d | 1 | 12d | 1 | | |
| _ | | | | | d e | | o d e | | | |
| | | | State Corre | ootio | n Infor | mation | | | | |
| | Previously reported | Co | State Corre | SCHO | | eviously reported | Co | rrect information | | |
| 15 | State Previously reported | 15 State | riect illiorniation | | 15 State | eviously reported | 15 State | ilect illiorillation | | |
| | IL | IL | | | 1001415 | | 1.0 0.0.0 | | | |
| | Employer's state ID number | | er's state ID number | | Emplo | yer's state ID number | Emplo | yer'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 | wages, tips, etc. | 16 State | e wages, tips, etc. | | |
| _ | 56601.33 | 0.00 | | | | | | | | |
| 17 State income tax 2800.60 | | | 17 State income tax 0.00 | | | income tax | 17 State | e income tax | | |
| | 2000.00 | 0.00 | | recti | ion Info | rmation | | | | |
| 18 | Local wages, tips, etc. | Locality Correct al wages, tips, etc. 18 Local wages, tips, etc. | | | 18 Local wages, tips, etc. 18 Local wages, tip | | | I wages, tips, etc. | | |
| 19 | Local income tax | 19 Local | income tax | | 19 Local income tax 19 Local income tax | | | I income tax | | |
| 20 Locality name | | 20 Locali | Locality name | | 20 Local | lity name | 20 Loca | lity name | | |
| | | | | | | | | | | |

| a Tax year/Form corrected 2020 / W-2 | | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | IRSP 1 | file | Visit the IRS website at www.irs.gov. | | |
|--------------------------------------|---|-----------------------|---|---|--------------------------------|---------------------------------|--------------------------------|---------------------------------------|--|--|
| b Employee's correct SSN | | | c Corrected SSN and/or | П | d Employer's Federal EIN | | | | | |
| - | XXX-XX-1429 | | name (if checked, enter incorrect SSN and/or nar in box h and/or box i) | 58-1760235 | | | | | | |
| е | Employee's first name and initia | Last nar | ne | g Employer's name, addre | ess, and ZIP co | ode | | | | |
| | ANSHUMAN | SHAF | RMA | g Employer's name, address, and ZIP code INFOSYS LIMITED | | | | | | |
| | 667 E ROYAL LN | | | 2400N GLENVILLE DR C150 | | | | | | |
| | APT 2068 | | | | RICHARDSON TX 75082 | | | | | |
| f | IRVING TX 75039 Employee's address and ZIP co | de | | | XAW 248433 | | | | | |
| С | omplete boxes h and/or i o incorrect on last form filed | nly h Emplo | oyee's incorrect SSN | i Employee's name (as incorrectly shown on previous form) | | | | | | |
| | | - | | s that | are being corrected (e | except MQC | GE). | | | |
| | Previously reported | С | orrect information | | Previously repo | rted | Cor | rect information | | |
| 1 | Wages, tips, other compensation | 1 Wage | s, tips, other compensation | | 2 Federal income tax with | | 2 Feder | al income tax withheld | | |
| | | | | | 4. Ossiel sassitiv tassitit | h - - | 4 0 | | | |
| 3 | Social security wages | 3 Socia | 3 Social 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 Socia | 7 Social security tips | | 8 Allocated tips | | 8 Allocated tips | | | |
| 9 Advance EIC payment | | 9 Adva | 9 Advance EIC payment | | 10 Dependent care benefits | | 10 Dependent care benefits | | | |
| 11 Nonqualified plans | | 11 Nonc | qualified plans | 12a See instructions for box | x 12 | 12a See instructions for box 12 | | | | |
| 13 | Statutory Retirement Third-part employee plan sick pay | y 13 Statutor employe | | ty | 12b | | 12b | | | |
| 14 | Other (see instructions) | 14 Othe | r (see instructions) | | 12c | | 12c | | | |
| | | | | | 12d | | 12d | | | |
| | | | | | е | | e | | | |
| | | | State Corre | ectio | n Information | | | | | |
| | Previously reported | Co | prrect information | | Previously repo | rect 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 num | ber | Employ | er's state ID number | | |
| 16 | State wages, tips, etc. | 16 State | wages, tips, etc. | | 16 State wages, tips, etc. | | 16 State | wages, tips, etc. | | |
| 56601.33 | | 0.00 | 0.00 17 State income tax | | 17 State income tax | | 17 State income tax | | | |
| 17 State income tax 2800.60 | | 0.00 | | 17 State income tax | | 17 State IIIOOTHE tax | | | | |
| | | | Locality Cor | <u>recti</u> | on Information | | | | | |
| 18 | Local wages, tips, etc. | 18 Loca | I wages, tips, etc. | 18 Local wages, tips, etc. | | 18 Local wages, tips, etc. | | | | |
| 19 | Local income tax | 19 Loca | I income tax | | 19 Local income tax | | 19 Local income tax | | | |
| 20 | Locality name | 20 Loca | lity name | | 20 Locality name | | 20 Locali | ty name | | |
| | | I | | | l | | | | | |

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|--|---|---|---------|--|---------------------|---------------------------------------|--|--|
| b Employee's correct SSN | 1 | Corrected SSN and/or | | d Employer's Federal EIN | | | | |
| XXX-XX-1429 | | name (if checked, enter incorrect SSN and/or na | me | 58-1760235 | | | | |
| | | in box h and/or box i) | | | | | | |
| e Employee's first name and initia | al Last name | | Suff. | g Employer's name, address | , and ZIP code | | | |
| ANSHUMAN | SHARN | //A | l | INFOSYS LIMITED | | | | |
| 667 E ROYAL LN | | | | 2400N GLENVILLE | DR C150 | | | |
| APT 2068 | | | | RICHARDSON TX | 75082 | | | |
| IRVING TX 75039 | | | | XAW 248433 | | | | |
| f Employee's address and ZIP co | | | | | | | | |
| Complete boxes h and/or i c if incorrect on last form filed | | ee's incorrect SSN | | i Employee's name (as inco | rrectly shown on pr | evious form) | | |
| | Note: Only con | nplete money field | ls that | are being corrected (except MQGE). | | | | |
| Previously reported | Cor | rect information | | Previously report | ed C | Correct information | | |
| 1 Wages, tips, other compensation | 1 Wages, | tips, other compensation | | 2 Federal income tax withhe | | deral income tax withheld | | |
| | | | | | | | | |
| 3 Social security wages | 3 Social | security wages | | 4 Social security tax withhel | d 4 So | cial security tax withheld | | |
| 5 Medicare wages and tips | 5 Medica | re wages and tips | | 6 Medicare tax withheld | 6 Me | edicare tax withheld | | |
| 7 Social security tips | 7 Social | security tips | | 8 Allocated tips | 8 All | ocated tips | | |
| 9 Advance EIC payment | Advance EIC payment 9 Advance EIC payment | | | 10 Dependent care benefits 10 Dependent care benef | | | | |
| 11 Nonqualified plans | 11 Nonqua | alified plans | | 12a See instructions for box 13 | 2 12a Se | e instructions for box 12 | | |
| 13 Statutory Retirement Third-part employee plan sick pay | ty 13 Statutory employee | Retirement Third-par plan sick pay | ty | 12b | 12b | 1 | | |
| | | | | d e | o d e | | | |
| 14 Other (see instructions) | 14 Other (| see instructions) | | 12c | 12c | I | | |
| | | | | 12d | 12d | | | |
| | | | | C | Cod | | | |
| | | | | е | e | | | |
| | | State Corr | ectio | n Information | | | | |
| Previously reported | Cor | rect information | | Previously report | ted C | orrect information | | |
| 15 State | 15 State | Tool IIII OI III GUOI | | 15 State | 15 Stat | | | |
| IL | IL | | | | | | | |
| Employer's state ID number | | r's state ID number | | Employer's state ID number | Fmr | oloyer's state ID number | | |
| | | 760235 000 1 | | Employer 3 state 15 humber | Link | Employor o state to number | | |
| 16 State wages, tips, etc. | | /ages, tips, etc. | | 16 State wages, tips, etc. | 16 Sta | ate wages, tips, etc. | | |
| 56601.33 | 0.00 | | | | 1- 0 | | | |
| 17 State income tax 2800.60 | 17 State in 0.00 | ncome tax | | 17 State income tax | 17 Sta | ate income tax | | |
| | <u> </u> | Locality Co | rrecti | on Information | <u> </u> | | | |
| 18 Local wages, tips, etc. | 18 Local v | vages, tips, etc. | | 18 Local wages, tips, etc. | 18 Lo | cal wages, tips, etc. | | |
| 19 Local income tax | 19 Local in | ncome tax | | 19 Local income tax | 19 Lo | cal income tax | | |
| 20 Locality name | 20 Locality | name | | 20 Locality name | 20 Lo | cality 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.

| | x year/Form corrected | | OMB No. 1545-0008 | | | | | | | |
|---|--|-----------------------|---|---|---|---|---------------|---------------------------------|-------------------|--|
| | 020 / W-2 | | a Convented CCN and/av | al Franci | aver's Fadaral FIN | | | | | |
| | iployee's correct SSN | | c Corrected SSN and/or name (if checked, enter | | d Employer's Federal EIN | | | | | |
| X | (XX-XX-1429 | | incorrect SSN and/or name in box h and/or box i) | | | 58-1760235 | | | | |
| e Employee's first name and initial Last name | | | | Suff. | g Employer's name, address, and ZIP code | | | | | |
| ANSHUMAN SHARMA | | | | | . INFOSYS LIMITED | | | | | |
| 6 | 67 E ROYAL LN | | | | 2400N GLENVILLE DR C150 | | | | | |
| Α | PT 2068 | | | | RICHARDSON TX 75082 | | | | | |
| | RVING TX 75039 aployee's address and ZIP co | de | | | XAW 248433 | | | | | |
| | plete boxes h and/or i o correct on last form filed | | yee's incorrect SSN | | i Emplo | oyee's name (as incorre | ectly shown o | on previous | s form) | |
| | | | mplete money fields | s that | are beir | ng corrected (excep | ot MQGE) | | | |
| | Previously reported | Co | prrect information | | Р | reviously reported | l l | Corre | ect information | |
| 1 Wa | ges, tips, other compensation | 1 Wages | 1 Wages, tips, other compensation | | 2 Federal income tax withheld | | 2 | 2 Federal income tax withheld | | |
| 3 So | cial security wages | 3 Socia | 3 Social security wages | | 4 Social security tax withheld | | 4 | 4 Social security tax withheld | | |
| 5 Medicare wages and tips | | 5 Medic | 5 Medicare wages and tips | | 6 Medicare tax withheld | | 6 | 6 Medicare tax withheld | | |
| 7 Social security tips | | 7 Socia | 7 Social security tips | | 8 Allocated tips | | 8 | 8 Allocated tips | | |
| 9 Advance EIC payment | | 9 Advar | 9 Advance EIC payment | | 10 Dependent care benefits | | 10 | 10 Dependent care benefits | | |
| 11 Nonqualified plans | | 11 Nonq | 11 Nonqualified plans | | 12a See instructions for box 12 | | 12 C | 12a See instructions for box 12 | | |
| 13 Stat emp | utory Retirement Third-part ployee plan sick pay | 13 Statutory employee | | у | 12b | | 12 C | b | | |
| 14 Oth | ner (see instructions) | 14 Other | (see instructions) | | 12c | 1 | 12 C | c | | |
| | | | | | 12d | 1 | 12 | d ld | | |
| | | | | | o d | | o d e | | | |
| | | | | | | | | | | |
| | | | State Corre | ectio | | Previously reported Correct information | | | | |
| 15 Stat | Previously reported | 15 State | rrect information | | 15 State | reviously reported | | State | ect information | |
| is stat | | IL IL | | | 15 State | | 13 | State | | |
| | oloyer's state ID number | | er's state ID number | | Emplo | yer's state ID number | | Employer' | s state ID number | |
| | 8-1760235 000 1 | ' ' | 760235 000 1 | | 2 | yo. o otato 12 mambo. | | p.oyo. | o claro ib mambo. | |
| | ate wages, tips, etc. | | wages, tips, etc. | | 16 State | e wages, tips, etc. | 16 | State wa | ages, tips, etc. | |
| 5 | 6601.33 | 0.00 | | | | | | | | |
| 17 State income tax | | 17 State | 17 State income tax | | 17 State income tax | | 17 | 17 State income tax | | |
| 2800.60 0.00 | | | | | | | | | | |
| | | | Locality Cor | recti | | | | | | |
| 18 Loc | cal wages, tips, etc. | 18 Local | wages, tips, etc. | | 18 Local wages, tips, etc. 18 Local wages, tips, etc. | | | ages, tips, etc. | | |
| 19 Loc | cal income tax | 19 Local | income tax | 19 Local income tax 19 Local income tax | | | come tax | | | |
| 20 Loc | cality name | 20 Locali | ity name | | 20 Loca | ality name | 20 | Locality | name | |
| | | | | | | | | | | |