

4444	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  <b>DXC TECHNOLOGY SERVICES LLC</b> <b>15555 CUTTEN RD</b> <b>EC#2400-06</b> <b>HOUSTON, TX 77070</b>		<b>c</b> Tax year/Form corrected  <b>2020/ W-2</b>	<b>d</b> Employee's correct SSN  <b>XXX-XX-6498</b>
		<b>e</b> 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 <b>previously filed ▶</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>b</b> Employer's Federal EIN  <b>82-2287119</b>		<b>g</b> Employee's <b>previously reported</b> name	
		<b>h</b> Employee's first name and initial  <b>WAJEED</b>	Last name  <b>AHAMAD</b>
		Suff.  <b>1450 KINGSWOOD DR</b>  <b>ROSEVILLE CA, 95678</b>	
		<b>i</b> Employee's address and ZIP code	
		<b>Note.</b> 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).	
<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation  0.00	1 Wages, tips, other compensation  8,312.48	2 Federal income tax withheld  0.00	2 Federal income tax withheld  605.98
3 Social security wages  0.00	3 Social security wages  8,312.48	4 Social security tax withheld  0.00	4 Social security tax withheld  515.37
5 Medicare wages and tips  0.00	5 Medicare wages and tips  8,312.48	6 Medicare tax withheld  0.00	6 Medicare tax withheld  120.53
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 <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
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
15 State  Employer's state ID number	15 State  CA Employer's state ID number 09003864	15 State  Employer's state ID number	15 State  Employer's state ID number
16 State wages, tips, etc.  0.00	16 State wages, tips, etc.  8,312.48	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax  0.00	17 State income tax  319.20	17 State income tax	17 State income tax
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
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**

44444	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  <b>DXC TECHNOLOGY SERVICES LLC</b> <b>15555 CUTTEN RD</b> <b>EC#2400-06</b> <b>HOUSTON, TX 77070</b>		<b>c</b> Tax year/Form corrected  <b>2020/ W-2</b>	<b>d</b> Employee's correct SSN  <b>XXX-XX-6498</b>
		<b>e</b> 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 <b>previously filed ▶</b>	
		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>b</b> Employer's Federal EIN  <b>82-2287119</b>		<b>g</b> Employee's <b>previously reported</b> name	
<b>Note.</b> Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		<b>h</b> Employee's first name and initial <b>WAJEED</b>	Last name <b>AHAMAD</b>
		Suff.  <b>1450 KINGSWOOD DR</b>  <b>ROSEVILLE CA, 95678</b>	
<b>i</b> Employee's address and ZIP code		<b>i</b> Employee's address and ZIP code	
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation	0.00	<b>1</b> Wages, tips, other compensation	8,312.48
<b>3</b> Social security wages	0.00	<b>3</b> Social security wages	8,312.48
<b>5</b> Medicare wages and tips	0.00	<b>5</b> Medicare wages and tips	8,312.48
<b>7</b> Social security tips		<b>7</b> Social security tips	
<b>9</b>		<b>9</b>	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)	
		<b>2</b> Federal income tax withheld	0.00
		<b>4</b> Social security tax withheld	0.00
		<b>6</b> Medicare tax withheld	0.00
		<b>8</b> Allocated tips	0.00
		<b>10</b> Dependent care benefits	605.98
		<b>4</b> Social security tax withheld	515.37
		<b>6</b> Medicare tax withheld	120.53
		<b>8</b> Allocated tips	
		<b>10</b> Dependent care benefits	
		<b>12a</b> See instructions for box 12	See instructions for box 12
		<b>12b</b>	See instructions for box 12
		<b>12c</b>	See instructions for box 12
		<b>12d</b>	See instructions for box 12
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State		<b>15</b> State	CA
Employer's state ID number		Employer's state ID number	09003864
<b>16</b> State wages, tips, etc.	0.00	<b>16</b> State wages, tips, etc.	8,312.48
<b>17</b> State income tax	0.00	<b>17</b> State income tax	319.20
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name	

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

4444	<b>For Official Use Only ▶</b> OMB No. 1545-0008		
<b>a</b> Employer's name, address, and ZIP code  DXC TECHNOLOGY SERVICES LLC 15555 CUTTEN RD EC#2400-06 HOUSTON, TX 77070		<b>c</b> Tax year/Form corrected  2020/ W-2	<b>d</b> Employee's correct SSN  XXX-XX-6498
		<b>e</b> 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 <b>previously filed</b> ▶	
		<b>f</b> Employee's <b>previously reported</b> SSN	
<b>b</b> Employer's Federal EIN  82-2287119		<b>g</b> Employee's <b>previously reported</b> name	
<b>Note.</b> 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).		<b>h</b> Employee's first name and initial  WAJEED	Last name  AHAMAD  Suff.
		1450 KINGSWOOD DR  ROSEVILLE CA, 95678 <b>i</b> Employee's address and ZIP code	
<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation  0.00	<b>1</b> Wages, tips, other compensation  8,312.48	<b>2</b> Federal income tax withheld  0.00	<b>2</b> Federal income tax withheld  605.98
<b>3</b> Social security wages  0.00	<b>3</b> Social security wages  8,312.48	<b>4</b> Social security tax withheld  0.00	<b>4</b> Social security tax withheld  515.37
<b>5</b> Medicare wages and tips  0.00	<b>5</b> Medicare wages and tips  8,312.48	<b>6</b> Medicare tax withheld  0.00	<b>6</b> Medicare tax withheld  120.53
<b>7</b> Social security tips	<b>7</b> Social security tips	<b>8</b> Allocated tips	<b>8</b> Allocated tips
<b>9</b>	<b>9</b>	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits
<b>11</b> Nonqualified plans	<b>11</b> Nonqualified plans	<b>12a</b> See instructions for box 12	<b>12a</b> See instructions for box 12
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	<b>12b</b>	<b>12b</b>
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)	<b>12c</b>	<b>12c</b>
		<b>12d</b>	<b>12d</b>
<b>State Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State  Employer's state ID number	<b>15</b> State  CA Employer's state ID number 09003864	<b>15</b> State  Employer's state ID number	<b>15</b> State  Employer's state ID number
<b>16</b> State wages, tips, etc.  0.00	<b>16</b> State wages, tips, etc.  8,312.48	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.
<b>17</b> State income tax  0.00	<b>17</b> State income tax  319.20	<b>17</b> State income tax	<b>17</b> State income tax
<b>Locality Correction Information</b>			
<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.
<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax	<b>19</b> Local income tax
<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> 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.