44444	For Official Use Only	/ ▶		
	OMB No. 1545-0008			
a Employer's nar	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN
COGNIZANT TECHNOLOGY			2019/ W-2	063-21-4304
SOLUTIONS US CORPORAT			e Corrected SSN and/or name (Check	· ·
	LITY CIR ST		g if incorrect on form previously filed	
COLLEGE	STATION TX	77845	Complete boxes f and/or g only if incor	rect on form previously filed
CTS	605235		f Employee's previously reported SSN	
b Employer's Fe	deral EIN 13-3924	155	g Employee's previously reported name	
	13-3724	155	h Employee's first name and initial	Last name Suff.
			SRINIVASA RAO	DASIREDDI
Note Only com	anlata manay fialda th	at are being corrected (exception: for	3009 VILLAGE DR	070011050
•	•	General Instructions for Forms W-2	AVENEL NJ	070011059
and W-3, under	r Specific Instructions	for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code	
	sly reported	Correct information	Previously reported	Correct information
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social securit	102964.57 ty wages	102653.29 3 Social security wages	9150.82 4 Social security tax withheld	9082.34 4 Social security tax withheld
	109843.33	109532.05	6810.29	6790.99
5 Medicare wag		5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
	109843.33	109532.05	1592.73	1588.22
7 Social securit		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 Reti plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b
14 Other (see ins	structions) 46.81 TXREL	14 Other (see instructions) 835.53 TXREL	12c	12c
			12d	12d
			C o d e	C o d e
			e 	e
		State Correction	n Information	
Previou	sly reported	Correct information	Previously reported	Correct information
15 State		15 State	15 State	15 State
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages,	STATE tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
3 ,		3 7 1 7		• . , .
17 State income	tax	17 State income tax	17 State income tax	17 State income tax
	3338.49	3319.50 Locality Correct	on Information	
Previou	sly reported	Correct information	Previously reported	Correct information
18 Local wages,		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

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	OMB No. 1545-0008			
a Employer's nar	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN
COGNIZANT TECHNOLOGY			2019/ W-2	063-21-4304
	NS US CORPO		e Corrected SSN and/or name (Check	· ·
	LITY CIR ST		g if incorrect on form previously filed	
COLLEGE	STATION TX	77845	Complete boxes f and/or g only if incor	rect on form previously filed
CTS	605235		f Employee's previously reported SSN	
b Employer's Fe	deral EIN 13-3924	155	g Employee's previously reported name	
	13-3324	155	h Employee's first name and initial	Last name Suff.
			SRINIVASA RAO	DASIREDDI
				DASIKEDDI
Note Only com	anlata manay fialda th	at are being corrected (exception: for	3009 VILLAGE DR	070011050
•	•	General Instructions for Forms W-2	AVENEL NJ	070011059
and W-3, under	r Specific Instructions	for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code	
	sly reported	Correct information	Previously reported	Correct information
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social securit	102964.57 ty wages	102653.29 3 Social security wages	9150.82 4 Social security tax withheld	9082.34 4 Social security tax withheld
	109843.33	109532.05	6810.29	6790.99
5 Medicare wag		5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
	109843.33	109532.05	1592.73	1588.22
7 Social securit		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 plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b
14 Other (see ins	tructions) 46.81 TXREL	14 Other (see instructions) 835.53 TXREL	12c	12c
			12d	12d
			C o d e	C o d e
			e	e
		State Correction	n Information	l l
Previou	sly reported	Correct information	Previously reported	Correct information
15 State		15 State	15 State	15 State
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages,	STATE tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
3 ,		3 7 1 7		• . , .
17 State income	tax	17 State income tax	17 State income tax	17 State income tax
	3338.49	3319.50 Locality Correct	on Information	
Previou	sly reported	Correct information	Previously reported	Correct information
18 Local wages,		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

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a Employer's nar	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN
COGNIZANT TECHNOLOGY			2019/ w-2	063-21-4304
	NS US CORPO		 Corrected SSN and/or name (Check g if incorrect on form previously filed 	·
	LITY CIR ST E STATION TX		Complete boxes f and/or g only if incor	·
СОППЕСЕ	DIATION 12	1 //043	f Employee's previously reported SSN	rect of form previously flied
CTS	605235			
b Employer's Fe			g Employee's previously reported name	
	13-3924	:155		T
			h Employee's first name and initial SRINIVASA RAO	Last name Suff. DASIREDDI
				DASIREDDI
Note Only com	nolete money fields the	at are being corrected (exception: for	3009 VILLAGE DR AVENEL NJ	070011059
•	•	General Instructions for W-2 and W-3,		070011033
under Specific	Instructions for Form \	W-2c, boxes 5 and 6).	i Employee's address and ZIP code	
	sly reported	Correct information	Previously reported	Correct information
1 Wages, tips, of	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social securit	102964.57	102653.29 3 Social security wages	9150.82 4 Social security tax withheld	9082.34 4 Social security tax withheld
3 Social Securit	, ,	, ,	ŕ	,
5 Medicare wag	109843.33 ges and tips	109532.05 5 Medicare wages and tips	6810.29 6 Medicare tax withheld	6790.99 6 Medicare tax withheld
	109843.33	109532.05	1592.73	1588.22
7 Social securit	ty 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
			C	C 0 d e
13 Statutory Reti	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b
14 Other (see ins	drugtions)	14 Other (see instructions)	្តី 12c	12c
	46.81 TXREL	835.53 TXREL		
			12d	6 12d
			C o d e	C o d e
	_	State Correction	_	
Previou 15 State	sly reported	Correct information 15 State	Previously reported 15 State	Correct information 15 State
		15 State	15 State	15 State
NJ Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
13392	4155/000		, ,	. ,
16 State wages,	· · · · · · · · · · · · · · · · · · ·	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
	107069.95	106758.67		
17 State income		17 State income tax	17 State income tax	17 State income tax
	3272.33	3253.34 Locality Correct	 ion Information	
Previou	sly reported	Correct information	Previously reported	Correct information
18 Local wages,		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

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	OMB No. 1545-0008				
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
COGNIZANT TECHNOLOGY		2019/ W-2	063-21-4304		
	NS US CORPO		e Corrected SSN and/or name (Check	· ·	
	LITY CIR ST		g if incorrect on form previously filed		
COLLEGE	E STATION TE	77845	Complete boxes f and/or g only if incorrect on form previously filed ▶		
CTS	605235		f Employee's previously reported SSN		
b Employer's Fe	deral EIN 13-3924	155	g Employee's previously reported name		
			h Employee's first name and initial	Last name Suff.	
			SRINIVASA RAO	DASIREDDI	
			3009 VILLAGE DR		
•	•	at are being corrected (exception: for	AVENEL NJ	070011059	
and W-3, under	r Specific Instructions	General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		
	sly reported	Correct information	Previously reported	Correct information	
i vvages, tips, of	ther compensation	Wages, tips, other compensation	Federal income tax withheld	2 Federal income tax withheld	
3 Social securit	102964.57 ty wages	102653.29 3 Social security wages	9150.82 4 Social security tax withheld	9082.34 4 Social security tax withheld	
E Madiana wa	109843.33	109532.05	6810.29 6 Medicare tax withheld	6790.99 6 Medicare tax withheld	
5 Medicare wa	•	5 Medicare wages and tips			
7 Social securit	109843.33 ty tips	109532.05 7 Social security tips	1592.73 8 Allocated tips	1588.22 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 plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	structions) 46.81 TXREL	14 Other (see instructions) 835.53 TXREL	12c	12c	
			12d	12d	
			d e	C o d e	
		State Correction	n Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
NJ Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
13392	4155/000				
16 State wages,	tips, etc. 107069.95	16 State wages, tips, etc. 106758.67	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income		17 State income tax	17 State income tax	17 State income tax	
	3272.33	3253.34 Locality Correct	ion Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
18 Local wages,		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	<u> </u>	20 Locality name	20 Locality name	20 Locality name	
LUCANTY NAME	•	20 Locality Hairie	20 Locality Harrie	20 LOCALLY HATHE	

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a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
COGNIZANT TECHNOLOGY			2019/ w-2	063-21-4304	
	NS US CORPO LITY CIR ST		 Corrected SSN and/or name (Check g if incorrect on form previously filed 		
	E STATION TO		Complete boxes f and/or g only if incor	·	
COLLEGE		1 , , 6 15	f Employee's previously reported SSN	rect of form previously med	
CTS	605235				
b Employer's Fe			g Employee's previously reported name		
	13-3924	:155		10.4	
			h Employee's first name and initial SRINIVASA RAO	Last name Suff. DASIREDDI	
			3009 VILLAGE DR		
Note. Only com	nplete money fields tha	at are being corrected (exception: for	AVENEL NJ	070011059	
	J , ,	General Instructions for W-2 and W-3,			
	Instructions for Form \	·	i Employee's address and ZIP code		
	sly reported ther compensation	Correct information 1 Wages, tips, other compensation	Previously reported 2 Federal income tax withheld	Correct information 2 Federal income tax withheld	
i wages, ups, o	·				
3 Social securit	102964.57 ty wages	102653.29 3 Social security wages	9150.82 4 Social security tax withheld	9082.34 4 Social security tax withheld	
	109843.33	109532.05	6810.29	6790.99	
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securit	109843.33	109532.05 7 Social security tips	1592.73 8 Allocated tips	1588.22 8 Allocated tips	
7 Social Securit	ty ups	7 Social security tips	6 Anocated tips	6 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 Reti	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c	
			d e	d de	
			12d °	12d	
			d e	d d e	
		State Correction	l on Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
NY Employer's et	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
		Employer's state to number	Employer's state to number	Employer's state to number	
13-39: 16 State wages,		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
	102964.57	102653.29			
17 State income		17 State income tax	17 State income tax	17 State income tax	
	Locality Correction Information				
	sly 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	3	20 Locality name	20 Locality name	20 Locality name	

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	OMB No. 1545-0008				
a Employer's nar	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
COGNIZANT TECHNOLOGY		2019/ W-2	063-21-4304		
	NS US CORPO		e Corrected SSN and/or name (Check		
	LITY CIR ST		g if incorrect on form previously filed		
COLLEGE	E STATION TE	77845	Complete boxes f and/or g only if incorrect on form previously filed ▶		
CTS	605235		f Employee's previously reported SSN		
b Employer's Fe	deral EIN 13-3924	155	g Employee's previously reported name		
			h Employee's first name and initial	Last name Suff.	
			SRINIVASA RAO	DASIREDDI	
			3009 VILLAGE DR		
		at are being corrected (exception: for	AVENEL NJ	070011059	
	•	General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, of	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social securit	102964.57 ty wages	102653.29 3 Social security wages	9150.82 4 Social security tax withheld	9082.34 4 Social security tax withheld	
	109843.33	109532.05	6810.29	6790.99	
5 Medicare waq	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
	109843.33	109532.05	1592.73	1588.22	
7 Social securit	ty 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 Reti	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c	
			12d	12d	
			C o d e	C o d e	
		State Correction			
	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
Employer's sta		Employer's state ID number	Employer's state ID number	Employer's state ID number	
13-392 16 State wages,		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
To State Wages,	•		To ciaic wages, aps, cio.	To state wages, tips, sta-	
17 State income	102964.57 tax	102653.29 17 State income tax	17 State income tax	17 State income tax	
Decrie	oh ronartad	Locality Correct		Correct information	
18 Local wages,	tips etc	Correct information 18 Local wages, tips, etc.	Previously reported 18 Local wages, tips, etc.	Correct information 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	

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a Employer's nai	yer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN		
COGNIZANT TECHNOLOGY			2019/ w-2	063-21-4304		
SOLUTIONS US CORPORAT			e Corrected SSN and/or name (Check	this box and complete boxes f and/or		
	LITY CIR ST		g if incorrect on form previously filed	.)		
COLLEGE	E STATION TX	77845	Complete boxes f and/or g only if incor	rect on form previously filed		
CTS	605235		f Employee's previously reported SSN			
b Employer's Fe	deral EIN 13-3924	155	g Employee's previously reported name			
			h Employee's first name and initial	Last name Suff.		
			SRINIVASA RAO	DASIREDDI		
			3009 VILLAGE DR			
		at are being corrected (exception: for	AVENEL NJ	070011059		
	olving MQGE, see the Instructions for Form \	General Instructions for W-2 and W-3, W-2c, boxes 5 and 6).	i Employee's address and ZIP code			
Previou	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, or	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld		
• • • • • •	102964.57	102653.29	9150.82	9082.34		
Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld		
5 Medicare was	109843.33	109532.05 5 Medicare wages and tips	6810.29 6 Medicare tax withheld	6790.99 6 Medicare tax withheld		
o Medicale way						
7 Social securit	109843.33 ty tips	109532.05 7 Social security tips	1592.73 8 Allocated tips	1588.22 8 Allocated tips		
9		9	10 Dependent care benefits	10 Dependent care benefits		
11 Nonqualified	plane	11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12		
·		· ·	C 0 d e	C o d e		
13 Statutory employee Plan		13 Statutory Retirement Third-party sick pay	12b	12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c		
			12d	12d		
			120 C d	120 C c d		
			ë 	e		
		State Correction	n Information			
Previou	sly reported	Correct information	Previously reported	Correct information		
15 State		15 State	15 State	15 State		
ŊJ						
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number		
	4155/000	16 State wages, tips, etc.	16 Ctata wagaa tina ata	16 State wages, tips, etc.		
16 State wages,	ups, etc.	to State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.		
17 State income	tax	17 State income tax	17 State income tax	17 State income tax		
	Locality Correction Information					
Previou	sly 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		

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	OMB No. 1545-0008				
a Employer's nar	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
COGNIZANT TECHNOLOGY			2019/ W-2	063-21-4304	
	NS US CORPO		 Corrected SSN and/or name (Check g if incorrect on form previously filed 		
	LITY CIR ST			·	
COLLEGE	E STATION TE	77845	Complete boxes f and/or g only if incorrect on form previously filed ▶		
CTS	605235		f Employee's previously reported SSN		
b Employer's Fe	deral EIN 13-3924	155	g Employee's previously reported name		
			h Employee's first name and initial	Last name Suff.	
			SRINIVASA RAO	DASIREDDI	
			3009 VILLAGE DR	*	
Note. Only com	nplete money fields tha	at are being corrected (exception: for	AVENEL NJ	070011059	
	•	General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		
Previou	sly reported	Correct information	Previously reported	Correct information	
	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
· · · · · · · · · · · · · · · · · · ·	·				
3 Social securit	102964.57 ty wages	102653.29 3 Social security wages	9150.82 4 Social security tax withheld	9082.34 4 Social security tax withheld	
- M "	109843.33	109532.05	6810.29	6790.99	
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securit	109843.33 ty tips	109532.05 7 Social security tips	1592.73 8 Allocated tips	1588.22 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 Reti employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c	
			12d	12d	
			C o d e	C o d e	
			e		
		State Correction	n Information	<u> </u>	
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
ŊJ					
Employer's sta		Employer's state ID number	Employer's state ID number	Employer's state ID number	
133924 16 State wages,	4155/000 tips_etc	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
			0	• • • • • • • • • • • • • • • • • • • •	
17 State income	tax	17 State income tax	17 State income tax	17 State income tax	
	sly 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	

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.