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	OMB No. 1545-0008	1-	T - T	1. F1	
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN		
COGNIZANT TECHNOLOGY		2021/ W-2	XXX-XX-1157		
	ONS US CORPO		e Corrected SSN and/or name (Check	·	
	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	290303		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.	
			SANTOSH	SARKAR	
			6307 BIGELOW CMNS		
		at are being corrected (exception: for	ENFIELD CT	060823353	
		General Instructions for Forms W-2			
<u> </u>	•	for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		
	sly reported	Correct information	Previously reported 2 Federal income tax withheld	Correct information 2 Federal income tax withheld	
1 wages, tips, or	ther compensation	Wages, tips, other compensation	2 Federal Income tax withheld	2 Federal Income tax Withheld	
3 Social securit	ty wages	3 Social security wages	Social security tax withheld	4 Social security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
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 employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	structions) .00 MAPFL	14 Other (see instructions) 302.40 MAPFL	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	
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages,		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income	tav	17 State income tax	17 State income tax	17 State income tax	
17 State income	ıax			17 State income tax	
		Locality Correct			
	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	1-	T - T	1. F1
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN	
COGNIZANT TECHNOLOGY		2021/ W-2	XXX-XX-1157	
	ONS US CORPO		e Corrected SSN and/or name (Check	·
	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	290303		f Employee's previously reported SSN	
b Employer's Federal EIN 13-3924155			g Employee's previously reported name	
			h Employee's first name and initial SANTOSH	Last name Suff. SARKAR
			6307 BIGELOW CMNS	1-21
Note Only com	nnlete money fields th	at are being corrected (exception: for	ENFIELD CT	060823353
		General Instructions for Forms W-2	ENFIELD CI	060623333
		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	ty wages	3 Social security wages	Social security tax withheld	4 Social security tax withheld
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
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 employee plan	rirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b
14 Other (see ins	structions) .00 MAPFL	14 Other (see instructions) 302.40 MAPFL	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
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages,		16 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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a Employer's na	me, address, and ZIP coo	de	c Tax year/Form corrected	d Employee's correct SSN	
		0001			
COGNIZANT TECHNOLOGY		2021/ w-2	XXX-XX-1157		
	ONS US CORPO ALITY 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		
00	- 2	- // 0 - 0	f Employee's previously reported SSN	reet en term providuely med	
CTS	290303				
b Employer's Fe			g Employee's previously reported name		
	13-3924	155		1	
			h Employee's first name and initial SANTOSH	Last name Suff.	
			6307 BIGELOW CMNS	BARCAR	
Note. Only com	nplete money fields tha	at are being corrected (exception: for	ENFIELD CT	060823353	
corrections invo	olving MQGE, see the	General Instructions for W-2 and W-3,		000023333	
	Instructions for Form \		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	ty wages	3 Social security wages	4 Social security tax withheld	Social security tax withheld	
	-,g	,,		,,	
5 Medicare wag	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
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	
-			To bopondon odro sonomo	To bopoliusin dale bolisino	
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	
			d e	o de	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c [©]	
			12d	12d	
			C d	C o d	
			ē	ē 	
		State Correction			
	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
MA Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
	1729571-005	Employer 3 state in number	Employer 3 state in number	Employer's state in number	
16 State wages,		16 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					
	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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a Employer's na	r's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN
a Employor o hamo, tadaloto, and Em codo				
COGNIZA	NT TECHNOLO	OGY	2021/ W-2	XXX-XX-1157
SOLUTIO	ONS US CORPO	ORAT	e Corrected SSN and/or name (Check	
	LITY CIR ST		g if incorrect on form previously filed	<u> </u>
COLLEGE	E STATION TO	77845	Complete boxes f and/or g only if incor	rect on form previously filed
CTS	290303		f Employee's previously reported SSN	
b Employer's Fe			g Employee's previously reported name	
	13-3924	155		
			h Employee's first name and initial	Last name Suff.
			SANTOSH	SARKAR
			6307 BIGELOW CMNS	
	•	at are being corrected (exception: for General Instructions for Forms W-2	ENFIELD CT 060823353	
		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, o	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social securi	ty wages	3 Social security wages	Social security tax withheld	4 Social security tax withheld
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
7 Social securi	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 Ret	tirement Third-party	13 Statutory Retirement Third-party	d e	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
employee pla		employee plan sick pay	12b	12b
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c
			d	0 6
			12d °	12d C d 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
MA				
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
WTH-1 16 State wages,	1729571-005 tips. etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
		3 7 1 7		• • • • • • • • • • • • • • • • • • • •
17 State income	tax	17 State income tax	17 State income tax	17 State income tax
		Locality Correct		
	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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a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN		
COGNIZANT TECHNOLOGY		2021/ w-2	XXX-XX-1157		
	ONS US CORPO		e Corrected SSN and/or name (Check	·	
~	ALITY CIR ST		g if incorrect on form previously filed	<u> </u>	
COLLEGE	E STATION T	X 77845	Complete boxes f and/or g only if incor	rect on form previously filed	
CTS	290303		f Employee's previously reported SSN		
b Employer's Federal EIN 13-3924155		g Employee's previously reported name			
			h Employee's first name and initial SANTOSH	Last name Suff. SARKAR	
			6307 BIGELOW CMNS		
	•	at are being corrected (exception: for	ENFIELD CT	060823353	
	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		
<u>'</u>	sly reported	Correct information	Previously reported	Correct information	
	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
5 / 1 /	·				
3 Social securi	ty wages	3 Social security wages	Social security tax withheld	4 Social security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
7 Social securi	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 Ret employee plan	tirement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b C	12b C	
14 Other (see ins	structions) .00 MAPFL	14 Other (see instructions) 302.40 MAPFL	12c	12c	
	.00 WATE	302.40	d de	C o d e	
			12d ♀	12d 0	
			C d d	C C C C C C C C C C	
		State Correction	 Information		
Previou	ısly reported	Correct information	Previously reported	Correct information	
15 State	,	15 State	15 State	15 State	
СТ					
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
	52-000				
16 State wages,	tips, etc.	16 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					
	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	9	20 Locality name	20 Locality name	20 Locality name	

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	OMB No. 1545-0008	1-	T - T	1. F1	
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN		
COGNIZANT TECHNOLOGY		2021/ W-2	XXX-XX-1157		
	ONS 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	290303		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.	
			SANTOSH	SARKAR	
			6307 BIGELOW CMNS		
		at are being corrected (exception: for	ENFIELD CT	060823353	
	•	General Instructions for Forms W-2			
<u> </u>	·	for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		
	sly reported	Correct information	Previously reported 2 Federal income tax withheld	Correct information 2 Federal income tax withheld	
1 wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal Income tax withheld	2 Federal Income tax Withheld	
3 Social securit	ty wages	3 Social security wages	Social security tax withheld	4 Social security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
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 employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan Sick pay	12b	12b	
14 Other (see ins	structions) .00 MAPFL	14 Other (see instructions) 302.40 MAPFL	12c	12c	
			12d	12d	
			C o d e	C o d e	
		State Correction	ē		
	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
89638. 16 State wages,	52-000 tips_etc	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
3 /					
17 State income	tax	17 State income tax	17 State income tax	17 State income tax	
		Locality Correct			
	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.