



4444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code Cognizant Technology Solutions US Corporation 211 Quality Circle, Suite 150 College Station, TX 77845		c Tax year/Form corrected 2022 / W-2	d Employee's correct SSN 596-55-5667
		e 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 previously filed ▶	
b Employer's Federal EIN 13-3924155		f Employee's previously reported SSN	
g Employee's previously reported name		h Employee's first name and initial BRAMMARESH	Last name RAJA
		Suff. 521 WATERFORD DR EDISON NJ 08817-1900	
Note: Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the Instructions for Forms W-2c and W-3c, boxes 5 and 6).		i Employee's address and ZIP code	
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 NY	15 State NY	15 State NJ	15 State NJ
Employer's state ID number 13-3924155	Employer's state ID number 13-3924155	Employer's state ID number 133924155/000	Employer's state ID number 133924155/000
16 State wages, tips, etc. 48901.68	16 State wages, tips, etc. 0.00	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income tax 492.31	17 State income tax 0.00	17 State income tax 1692.57	17 State income tax 2184.88
Locality Correction 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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14 Other (see instructions)		14 Other (see instructions)		12c		12c	
				12d		12d	
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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

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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 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.

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