


44444	For Official Use Only ▶ OMB No. 1545-0008	Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov .			
a Employer's name, address, and ZIP code Saviynt Inc 1301 E El Segundo Blvd Suite D El Segundo, CA 90245-4303		c Tax year/Form corrected 2022 / W-2		d Employee's correct SSN 016174341			
b Employer's Federal EIN 473807420		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 ▶					
		f Employee's previously reported SSN					
Note. 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).		g Employee's previously reported name					
		h Employee's first name and initial Shyam	Last name Rajendran	Suff. 			
i Employee's address and ZIP code		3935 Silver Queen Ct Mason, OH 45036					
		9					
Previously reported		Correct information		Previously reported		Correct information	
1 Wages, tips, other compensation <div style="text-align:right;">141202.53</div>		1 Wages, tips, other compensation <div style="text-align:right;">142825.43</div>		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		9		10 Dependent care benefits		10 Dependent care benefits	
11 Nonqualified plans		11 Nonqualified plans		12a See instructions for box 12 <small>C</small> 120.96		12a See instructions for box 12 <small>C</small> 120.96	
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 <small>D</small> 20500.00		12b <small>D</small> 18877.10	
14 Other (see instructions)		14 Other (see instructions)		12c <small>DD</small> 1964.40		12c <small>DD</small> 1964.40	
				12d <small>W</small> 988.88		12d <small>W</small> 988.88	
State Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
15 State OH		15 State OH		15 State		15 State	
Employer's state ID number 54-033606		Employer's state ID number 54-033606		Employer's state ID number		Employer's state ID number	
16 State wages, tips, etc. <div style="text-align:right;">141202.53</div>		16 State wages, tips, etc. <div style="text-align:right;">142825.43</div>		16 State wages, tips, etc.		16 State wages, tips, etc.	
17 State income tax <div style="text-align:right;">5123.20</div>		17 State income tax <div style="text-align:right;">5123.20</div>		17 State income tax		17 State income tax	
Locality Correction Information							
Previously reported		Correct information		Previously reported		Correct information	
18 Local wages, tips, etc. <div style="text-align:right;">161702.53</div>		18 Local wages, tips, etc. <div style="text-align:right;">161702.53</div>		18 Local wages, tips, etc.		18 Local wages, tips, etc.	
19 Local income tax <div style="text-align:right;">1782.04</div>		19 Local income tax <div style="text-align:right;">1782.04</div>		19 Local income tax		19 Local income tax	
20 Locality name OH-Mason		20 Locality name OH-Mason		20 Locality name		20 Locality name	

Copy B—To Be Filed with Employee's FEDERAL Tax Return

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.