44444	For Official Use Only OMB No. 1545-0008	<b>&gt;</b>						
a Employer's na	me, address, and ZIP coo	de	c Tax year/Form corrected	d Employee's correct SSN				
RENESAS ELECTRONICS			2022/ W-2	XXX-XX-7326				
AMERICA	INC		e Corrected SSN and/or name (Check this box and complete boxes f and/or					
	LVER CRK VI		g if incorrect on form previously filed.)					
SAN JOS	SE CA 95138-	-7912	Complete boxes f and/or g only if incorrect on form <b>previously filed</b> ▶					
TGP	103461		f Employee's previously reported SSN					
<b>b</b> Employer's Fe	deral EIN 94-2669	985	g Employee's previously reported name					
			h Employee's first name and initial PREMCHAND	Last name Suff.				
				RAVELLA				
Note Only com	anlete money fields the	at are being corrected (exception: for	600 WEST GROVE PARKWAY					
<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).			APT #1041 TEMPE AZ i Employee's address and ZIP code	85283				
Previou	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	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)	14 Other (see instructions)	12c	12c C				
			12d	12d				
			C 0 d e e	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
		State Correction	ē					
	sly reported	Correct information	Previously reported	Correct information				
15 State AZ		15 State	15 State	15 State				
Employer's state ID number  94-2669985		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				

44444	For Official Use Only	<b>&gt;</b>					
	OMB No. 1545-0008						
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN			
RENESAS ELECTRONICS			2022/ w-2	XXX-XX-7326			
AMERICA		. T. D.D.	e Corrected SSN and/or name (Check this box and complete boxes f and/or				
	ILVER CRK VI SE CA 95138-		g if incorrect on form previously filed.)				
SAN UUS	DE CH 33130-	- / 9 1 2	Complete boxes f and/or g only if incorrect on form previously filed				
TGP	103461		f Employee's previously reported SSN				
<b>b</b> Employer's Fe	deral EIN 94-2669	985	g Employee's previously reported name				
			h Employee's first name and initial PREMCHAND	Last name Suff.  RAVELLA			
			600 WEST GROVE PAR	RKWAY			
<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).			APT #1041 TEMPE AZ i Employee's address and ZIP code	85283			
Previou	sly reported	Correct information	Previously reported	Correct information			
	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	4 Social security tax withheld			
5 Medicare waq	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 Retiplar	irement Third-party	13 Statutory Retirement Third-party employee plan sick pay	8 W 417.36 12b €	W   648.16   12b			
14 Other (see ins	tructions)	14 Other (see instructions)	12c	<sup>d</sup>			
14 Other (See Ins	in deliens)	14 Other (See Manacheria)					
			-	12d			
			C od e	C o d e			
		State Correction	n Information				
Previou	sly reported	Correct information	Previously reported	Correct information			
<b>15</b> State	isiy reported	15 State	15 State	15 State			
AZ							
Employer's state ID number		Employer's state ID number	Employer's state ID number	Employer's state ID number			
94-2669985							
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							
		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			

44444	For Official Use Only OMB No. 1545-0008	<b>&gt;</b>						
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN					
, ,								
RENESAS	ELECTRONIC	CS	2022/ W-2	XXX-XX-7326				
AMERICA			e Corrected SSN and/or name (Check this box and complete boxes f and/or					
	LVER CRK VI		g if incorrect on form previously filed.)					
SAN JOS	SE CA 95138-	-7912	Complete boxes f and/or g only if incorrect on form <b>previously filed</b> f Employee's <b>previously reported</b> SSN					
TGP	103461		Employee's previously reported SSN					
<b>b</b> Employer's Fe	deral EIN 94-2669	985	g Employee's previously reported name	е				
			h Employee's first name and initial	Last name Suff.				
			PREMCHAND	RAVELLA				
			600 WEST GROVE PARKWAY					
•	•	at are being corrected (exception: for	APT #1041					
		General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	TEMPE AZ i Employee's address and ZIP code	85283				
	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	ty wages	3 Social security wages	4 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 Ret	tirement Third-party	13 Statutory Retirement Third-party	<sup>3</sup> W 417.36 12b	<sup>3</sup> W 648.16 12b				
employee plar	n sick pay	employee plan sick pay	C 0 d e	C od e				
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c C				
			12d	12d				
			C od d e	C od d				
		State Correction						
Previou	sly reported	Correct information	Previously reported	Correct information				
15 State	ioly roportou	15 State	<b>15</b> State	<b>15</b> State				
AZ								
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number				
94-2669985  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	)	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.