44444 For Official Use Onlocation 0MB No. 1545-0008	-			
	a Employer's name, address, and ZIP code		d Employee's correct SSN	
BANK OF NOVA SCOTIA		2022/ w-2	XXX-XX-0586	
250 VESEY STREET NEW YORK NY 10281		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)		
		Complete boxes f and/or g only if incorrect on form previously filed >		
MSF 000209		f Employee's previously reported SSN		
b Employer's Federal EIN 13-4941099		g Employee's previously reported name		
		h Employee's first name and initial SUDIP	Last name Suff. Suff.	
		330 WESTGATE DR	L	
Note. Only complete money fields that are being corrected (exception: for corrections involving MQGE, see the General Instructions for Forms W-2		EDISON NJ	08820	
and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		i Employee's address and ZIP code		
Previously reported	Correct information	Previously reported	Correct information	
1 Wages, tips, other compensation 186421.37	1 Wages, tips, other compensation 186546.17	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	
201500.56 7 Social security tips	201625.36 7 Social security tips	2935.27 8 Allocated tips	2937.08 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 Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	C .00	d C 124.80 12b 0 0 0	
14 Other (see instructions)	14 Other (see instructions)	12c c	12c	
		12d		
	State Correctio			
Previously reported	Correct information	Previously reported	Correct information	
15 State NY	15 State	15 State	15 State	
Employer's state ID number 13-4941099	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
186421.37 17 State income tax	186546.17 17 State income tax	17 State income tax	17 State income tax	
	Locality Correct	ion Information		
Previously 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	

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

44444 For Official Use Only 0MB No. 1545-0008	y ►			
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN	
BANK OF NOVA SCOTIA		2022/ w-2	XXX-XX-0586	
250 VESEY STREET NEW YORK NY 10281		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)		
		Complete boxes f and/or g only if incorrect on form previously filed		
		f Employee's previously reported SSN		
MSF 000209				
b Employer's Federal EIN 13-4941099		g Employee's previously reported name		
		h Employee's first name and initial SUDIP	Last name Suff. ROY CHAUDHURY	
		330 WESTGATE DR		
	at are being corrected (exception: for	EDISON NJ	08820	
corrections involving MQGE, see the General Instructions for W-2 and W-3, under Specific Instructions for Form W-2c, boxes 5 and 6).		i Employee's address and ZIP code		
Previously reported 1 Wages, tips, other compensation	Correct information 1 Wages, tips, other compensation	Previously reported Z Federal income tax withheld	2 Federal income tax withheld	
1 Wages, ups, other compensation 186421.37	186546.17			
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	
201500.56 7 Social security tips	201625.36 7 Social security tips	2935.27 8 Allocated tips	2937.08 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 G C 124.80	
13 Statutory Retirement Third-party employee plan sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b		
14 Other (see instructions)	14 Other (see instructions)	12c		
		12d		
		e	6	
	State Correction	-		
Previously reported	Correct information	Previously reported	Correct information	
15 State NY	15 State	15 State	15 State	
Employer's state ID number 13-4941099	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages, tips, etc. 186421.37	16 State wages, tips, etc. 186546.17	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				
Previously 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	

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

1 44444 1	r Official Use Only //B No. 1545-0008	•			
	a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN	
BANK OF NOVA SCOTIA		2022/ W-2	XXX-XX-0586		
250 VESEY STREET NEW YORK NY 10281		e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
			Complete boxes f and/or g only if incorrect on form previously filed		
			f Employee's previously reported SSN		
MSF	000209				
b Employer's Federal EIN 13-4941099		g Employee's previously reported name			
		h Employee's first name and initial	Last name Suff.		
			SUDIP	ROY CHAUDHURY	
			330 WESTGATE DR		
	•	at are being corrected (exception: for	EDISON NJ	08820	
		General Instructions for Forms W-2			
		for Form W-2c, boxes 5 and 6).	i Employee's address and ZIP code		
Previously r		Correct information	Previously reported	Correct information	
1 Wages, tips, other co	mpensation	 Wages, tips, other compensation 	2 Federal income tax withheld	2 Federal income tax withheld	
3 Social security wag	<u>86421.37</u> Jes	186546.17 3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wages an	nd tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld	
	01500.56	201625.36	2935.27	2937.08	
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	12a See instructions for box 12	
13 Statutory Retirement employee plan	Third-party sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	C 124.80 12b 124.80	
			C 0 d		
14 Other (see instruction	ons)	14 Other (see instructions)	12c	12c	
			12d	12d	
			C o d e	C o d e	
		State Correction		1	
Previously r	eported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
<u>NY</u> Employer's state ID	number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
<u>13-494109</u>		16 State wages time ate	16 Ctate wages time ate	16 State wages tips ats	
16 State wages, tips, e		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
17 State income tax	86421.37	186546.17 17 State income tax	17 State income tax	17 State income tax	
Locality Correction Information					
Previously r	-	Correct information	Previously reported	Correct information	
18 Local wages, tips, e	NC.	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	

Copy C-For EMPLOYEE's RECORDS

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.