

44444	For Official Use Only ▶ OMB No. 1545-0008		
a Employer's name, address, and ZIP code SELECTHEALTH INC 36 S STATE STREET SALT LAKE CITY, UT 84111		c Tax year/Form corrected 2023/ W-2	d Employee's correct SSN XXX-XX-3913
		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	
b Employer's Federal EIN 87-0409820		g Employee's previously reported name	
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).		h Employee's first name and initial SATYA SAI CHARAN	Last name THOTA
		Suff. 105 VENTUNO CV	
		GEORGETOWN, TX 78628	
i Employee's address and ZIP code		 	
Previously reported		Correct information	
1 Wages, tips, other compensation 127,680.22	1 Wages, tips, other compensation 127,677.78	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages 131,731.99	3 Social security wages 131,729.55	4 Social security tax withheld 8,167.38	4 Social security tax withheld 8,167.23
5 Medicare wages and tips 131,731.99	5 Medicare wages and tips 131,729.55	6 Medicare tax withheld 1,910.11	6 Medicare tax withheld 1,910.07
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 C 2.44	12a See instructions for box 12 C 0.00
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	15 State	15 State	15 State
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.
17 State income tax	17 State income tax	17 State income tax	17 State income tax
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

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

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a Employer's name, address, and ZIP code SELECTHEALTH INC 36 S STATE STREET SALT LAKE CITY, UT 84111		c Tax year/Form corrected 2023/ W-2	d Employee's correct SSN XXX-XX-3913
		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"/>	
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		f Employee's previously reported SSN	
b Employer's Federal EIN 87-0409820		g Employee's previously reported name	
Note. 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).		h Employee's first name and initial SATYA SAI CHARAN	Last name THOTA
		105 VENTUNO CV GEORGETOWN, TX 78628	
i Employee's address and ZIP code			
Previously reported		Correct information	
1 Wages, tips, other compensation 127,680.22	1 Wages, tips, other compensation 127,677.78	2 Federal income tax withheld	2 Federal income tax withheld
3 Social security wages 131,731.99	3 Social security wages 131,729.55	4 Social security tax withheld 8,167.38	4 Social security tax withheld 8,167.23
5 Medicare wages and tips 131,731.99	5 Medicare wages and tips 131,729.55	6 Medicare tax withheld 1,910.11	6 Medicare tax withheld 1,910.07
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 C 2.44	12a See instructions for box 12 C 0.00
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	15 State	15 State	15 State
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.
17 State income tax	17 State income tax	17 State income tax	17 State income tax
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

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

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a Employer's name, address, and ZIP code SELECTHEALTH INC 36 S STATE STREET SALT LAKE CITY, UT 84111		c Tax year/Form corrected 2023/ W-2	d Employee's correct SSN XXX-XX-3913
		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	
b Employer's Federal EIN 87-0409820		g Employee's previously reported name	
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).		h Employee's first name and initial SATYA SAI CHARAN	Last name THOTA
		Suff. 105 VENTUNO CV GEORGETOWN, TX 78628	
i Employee's address and ZIP code			
Previously reported		Correct information	
1 Wages, tips, other compensation 127,680.22	1 Wages, tips, other compensation 127,677.78	2 Federal income tax withheld 	2 Federal income tax withheld
3 Social security wages 131,731.99	3 Social security wages 131,729.55	4 Social security tax withheld 8,167.38	4 Social security tax withheld 8,167.23
5 Medicare wages and tips 131,731.99	5 Medicare wages and tips 131,729.55	6 Medicare tax withheld 1,910.11	6 Medicare tax withheld 1,910.07
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 C 2.44	12a See instructions for box 12 C 0.00
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 Employer's state ID number	15 State Employer's state ID number	15 State Employer's state ID number	15 State 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.
17 State income tax	17 State income tax	17 State income tax	17 State income tax
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

Copy C—For EMPLOYEE's RECORDS

Notice to Employee

This is a corrected Form W-2 (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 1040-X 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. Attach an original or amended Form 8959 to Form 1040 or 1040-X, 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, the Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

Future developments. For the latest information about Form W-2c and its instructions, such as legislation enacted after we release them, go to www.irs.gov/FormW2c.