

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
B2GF	39409.60	4254.09
b Employer identification number (EIN)	3 Social security wages	4 Social security tax withheld
48-1304650	2769.23	171.69
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
341-29-7844	2769.23	40.15

c Employer's name, address and ZIP code  
 TRINET HR III, INC.  
 SUITE 600  
 1 PARK PLACE  
 DUBLIN CA 94568-7983

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
Code	Code	Code
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other	23.65	
NJFLI	167.49	
UI / WF / SWF		

e Employee's name, address and ZIP code  
 AAHLAD REDDIVARI  
 7705 LAUREL CT  
 MONMOUTH JCT NJ 08852-2216

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
	NJ 481-304-650/000	39409.60

**Wage and Tax Statement**  
**Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)**  
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  
 Department of the Treasury - Internal Revenue Service

17 State income tax	18 Local wages, tips, etc.
1419.75	
19 Local income tax	20 Locality name

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
B2GF	39409.60	4254.09
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48-1304650	2769.23	171.69
a Employee's social security number	5 Medicare wages and tips	6 Medicare tax withheld
341-29-7844	2769.23	40.15

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 TRINET HR III, INC.  
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10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
Code	Code	Code
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14 Other	23.65	
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UI / WF / SWF		

e Employee's name, address and ZIP code  
 AAHLAD REDDIVARI  
 7705 LAUREL CT  
 MONMOUTH JCT NJ 08852-2216

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
	NJ 481-304-650/000	39409.60

**Wage and Tax Statement**  
**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**  
 This information is being furnished to the Internal Revenue Service.  
 Department of the Treasury - Internal Revenue Service

17 State income tax	18 Local wages, tips, etc.
1419.75	
19 Local income tax	20 Locality name

OMB No. 1545-0008

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B2GF	39409.60	4254.09
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 TRINET HR III, INC.  
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Code	Code	Code
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14 Other	23.65	
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UI / WF / SWF		

e Employee's name, address and ZIP code  
 AAHLAD REDDIVARI  
 7705 LAUREL CT  
 MONMOUTH JCT NJ 08852-2216

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
	NJ 481-304-650/000	39409.60

**Wage and Tax Statement**  
**Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.**  
 Department of the Treasury - Internal Revenue Service

17 State income tax	18 Local wages, tips, etc.
1419.75	
19 Local income tax	20 Locality name

OMB No. 1545-0008

d Control Number	1 Wages, tips, other compensation	2 Federal income tax withheld
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e Employee's name, address and ZIP code  
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 7705 LAUREL CT  
 MONMOUTH JCT NJ 08852-2216

2023 Form W-2	15 State Employer's state I.D. no.	16 State wages, tips, etc.
	NJ 481-304-650/000	39409.60

**Wage and Tax Statement**  
**Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.**  
 Department of the Treasury - Internal Revenue Service

17 State income tax	18 Local wages, tips, etc.
1419.75	
19 Local income tax	20 Locality name

TRINET HR III, INC.  
9000 TOWNCENTER PARKWAY  
BRADENTON FL 34202

AAHLAD REDDIVARI  
7705 LAUREL CT  
MONMOUTH JCT NJ 08852-2216

## 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.

**Please note, for your convenience a reissued copy of your original Form W-2 is included with this mailing.**

## Notice to Employee

**Do you have to file?** Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov). **Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable. Credit for excess taxes.** If you had more than one employer in 2023 and more than \$9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than \$5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

## Instructions for Employee

**Box 1.** Enter this amount on the wages line of your tax return. **Box 2.** Enter this amount on the federal income tax withheld line of your tax return. **Box 3.** You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959. **Box 4.** This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000. **Box 5.** This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).


**Box 10.** This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441. **Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

## Instructions for Employee (Continued)


**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$22,500 (\$15,500 if you only have SIMPLE plans; \$25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$22,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to \$7,500 (\$3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions. **Note:** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. **A**—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. **B**—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions. **C**—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5) **D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement. **E**—Elective deferrals under a section 403(b) salary reduction agreement **F**—Elective deferrals under a section 408(k)(6) salary reduction SEP **G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan **H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct. **J**—Nontaxable sick pay (information only, not included in box 1, 3, or 5) **K**—20% excise tax on excess golden parachute payments. See the Form 1040 instructions. **L**—Substantiated employee business expense reimbursements (nontaxable) **M**—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. **N**—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Form 1040 instructions. **P**—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5) **Q**—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount. **R**—Employer contributions to your Archer MSA. Report on Form 8853.

**S**—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1) **T**—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts. **V**—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements. **W**—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889. **Y**—Deferrals under a section 409A nonqualified deferred compensation plan **Z**—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions. **AA**—Designated Roth contributions under a section 401(k) plan **BB**—Designated Roth contributions under a section 403(b) plan **DD**—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.** **EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan. **FF**—Permitted benefits under a qualified small employer health reimbursement arrangement **GG**—Income from qualified equity grants under section 83(i) **HH**—Aggregate deferrals under section 83(i) elections as of the close of the calendar year **Box 13.** If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A. **Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation. **Note:** Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until a question about your work record and/or earnings in a particular year.

<b>4444</b>	<b>For Official Use Only ▶</b> OMB No. 1545-0008	<b>Safe, accurate, FAST! Use</b>		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .			
<b>a</b> Employer's name, address, and ZIP code TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-7983		<b>c</b> Tax year/Form corrected  2023 / W-2		<b>d</b> Employee's correct SSN  341-29-7844			
		<b>e</b> 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 <b>previously filed ▶</b>					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  48-1304650		<b>g</b> Employee's <b>previously reported</b> name					
		<b>h</b> Employee's first name and initial AAHLAD	Last name REDDIVARI	Suff.			
		7705 LAUREL CT MONMOUTH JCT NJ 08852-2216					
<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).		<b>i</b> Employee's address and ZIP code					
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>1</b> Wages, tips, other compensation		<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld		<b>2</b> Federal income tax withheld	
<b>3</b> Social security wages  2769.23		<b>3</b> Social security wages  39409.60		<b>4</b> Social security tax withheld  171.69		<b>4</b> Social security tax withheld  2443.37	
<b>5</b> Medicare wages and tips  2769.23		<b>5</b> Medicare wages and tips  39409.60		<b>6</b> Medicare tax withheld  40.15		<b>6</b> Medicare tax withheld  571.42	
<b>7</b> Social security tips		<b>7</b> Social security tips		<b>8</b> Allocated tips		<b>8</b> Allocated tips	
<b>9</b>		<b>9</b>		<b>10</b> Dependent care benefits		<b>10</b> Dependent care benefits	
<b>11</b> Nonqualified plans		<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12		<b>12a</b> See instructions for box 12	
<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>13</b> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		<b>12b</b>		<b>12b</b>	
<b>14</b> Other (see instructions)		<b>14</b> Other (see instructions)		<b>12c</b>		<b>12c</b>	
				<b>12d</b>		<b>12d</b>	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>15</b> State		<b>15</b> State		<b>15</b> State		<b>15</b> State	
Employer's state ID number		Employer's state ID number		Employer's state ID number		Employer's state ID number	
<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.		<b>16</b> State wages, tips, etc.	
<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax		<b>17</b> State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.		<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax		<b>19</b> Local income tax	
<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name		<b>20</b> Locality name	

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

4444	<b>For Official Use Only ▶</b> OMB No. 1545-0008	<b>Safe, accurate, FAST! Use</b>		Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> .			
<b>a</b> Employer's name, address, and ZIP code TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-7983		<b>c</b> Tax year/Form corrected  2023 / W-2		<b>d</b> Employee's correct SSN  341-29-7844			
		<b>e</b> 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 <b>previously filed ▶</b>					
		<b>f</b> Employee's <b>previously reported</b> SSN					
<b>b</b> Employer's Federal EIN  48-1304650		<b>g</b> Employee's <b>previously reported</b> name					
<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).		<b>h</b> Employee's first name and initial AAHLAD		Last name REDDIVARI			
		Suff. 7705 LAUREL CT MONMOUTH JCT NJ 08852-2216					
<b>i</b> Employee's address and ZIP code							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld		2 Federal income tax withheld	
3 Social security wages 2769.23		3 Social security wages 39409.60		4 Social security tax withheld 171.69		4 Social security tax withheld 2443.37	
5 Medicare wages and tips 2769.23		5 Medicare wages and tips 39409.60		6 Medicare tax withheld 40.15		6 Medicare tax withheld 571.42	
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 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	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
15 State		15 State		15 State		15 State	
Employer's state ID number		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.	
17 State income tax		17 State income tax		17 State income tax		17 State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
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**

44444		<b>For Official Use Only ▶</b> OMB No. 1545-0008					
<b>a</b> Employer's name, address, and ZIP code TRINET HR III, INC. SUITE 600 1 PARK PLACE DUBLIN CA 94568-7983				<b>c</b> Tax year/Form corrected  2023 / W-2		<b>d</b> Employee's correct SSN  341-29-7844	
				<b>e</b> 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 <b>previously filed ▶</b>			
				<b>f</b> Employee's <b>previously reported</b> SSN			
<b>b</b> Employer's Federal EIN  48-1304650				<b>g</b> Employee's <b>previously reported</b> name			
<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).				<b>h</b> Employee's first name and initial AAHLAD		Last name REDDIVARI	Suff.
				<b>i</b> Employee's address and ZIP code 7705 LAUREL CT MONMOUTH JCT NJ 08852-2216			
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
1 Wages, tips, other compensation		1 Wages, tips, other compensation		2 Federal income tax withheld		2 Federal income tax withheld	
3 Social security wages 2769.23		3 Social security wages 39409.60		4 Social security tax withheld 171.69		4 Social security tax withheld 2443.37	
5 Medicare wages and tips 2769.23		5 Medicare wages and tips 39409.60		6 Medicare tax withheld 40.15		6 Medicare tax withheld 571.42	
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 employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		12b	
14 Other (see instructions)		14 Other (see instructions)		12c		12c	
				12d		12d	
<b>State Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
15 State		15 State		15 State		15 State	
Employer's state ID number		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.	
17 State income tax		17 State income tax		17 State income tax		17 State income tax	
<b>Locality Correction Information</b>							
<b>Previously reported</b>		<b>Correct information</b>		<b>Previously reported</b>		<b>Correct information</b>	
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