44444	For Official Use Only ► OMB No. 1545-0008					
a Employer's na	me, address, and ZIP co	de	c Tax year/Form corrected	d Employee's correct SSN		
WAKE FO	REST UNIVE	RSITY BAPTIST	2022 [/] W-2	XXX-XX-5557		
	. CENTER CAL CENTER I	BLVD	Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)			
WINSTON	SALEM, NC	27157	Complete boxes f and/or g only if incor	rect on form previously filed >		
W		_,,	f Employee's previously reported SSN			
b Employer's Fe	deral EIN 51-0190	238	g Employee's previously reported name			
			h Employee's first name and initial	Last name Suff.		
			BHUVANACHANDRA	BHOOPAL		
	•	at are being corrected (exception: for General Instructions for Forms W-2	2345, SALEM CT, APT-C			
and W-3, under	r Specific Instructions	for Form W-2c, boxes 5 and 6).	WINSTON-SALEM, NC i Employee's address and ZIP code	2/103		
Previou	sly reported	Correct information	Previously reported	Correct information		
1 Wages, tips, or	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		
	36,905.20	0.00	2,288.12	0.00		
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld		
	36,905.20	0.00	535.13	0.00		
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 employee plan	tirement 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		
			12d	ē		
			C o d	C o d		
			e	e		
		State Correction	on Information			
Previou	sly reported	Correct information	Previously reported	Correct information		
15 State	,	15 State	15 State	15 State		
Employer's st	ate 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		
		Locality Correct				
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 ► OMB No. 1545-0008						
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN			
		RSITY BAPTIST	2022/ W-2	XXX-XX-5557			
	L CENTER CAL CENTER E	BLVD	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)				
WINSTON	SALEM, NC	27157	Complete boxes f and/or g only if incorrect on form previously filed				
			f Employee's previously reported SSN				
b Employer's Fe	deral EIN 51-0190	238	g Employee's previously reported name				
			h Employee's first name and initial BHUVANACHANDRA	Last name Suff. BHOOPAL			
Note Only com	nnlete money fields th	at are being corrected (exception: for	2345, SALEM CT, APT-C				
corrections invo		General Instructions for W-2 and W-3,	WINSTON-SALEM, NC i Employee's address and ZIP code	27103			
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	4 Social security tax withheld	4 Social security tax withheld			
	36,905.20	0.00	2,288.12	0.00			
5 Medicare wag	•	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securit	36,905.20 ty tips	7 Social security tips	535.13 8 Allocated tips	0.00 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 Reti	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			
			12d	12d C			
			Ľ				
		State Correction	=				
	sly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
Employer's sta	ate 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			
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 OMB No. 1545-0008	1 ▶			
a Employer's name, address, and ZIP code		c Tax year/Form corrected	d Employee's correct SSN		
WAKE FOREST UNIVERSITY BAPTIST			2022 [/] W-2	xxx-xx-5557	
_	. CENTER !AL CENTER E	BLVD	e Corrected SSN and/or name (Check this box and complete boxes f and/or g if incorrect on form previously filed.)		
	SALEM, NC		Complete boxes f and/or g only if incorrect on form previously filed		
WINDION	billi, Ke	27137	f Employee's previously reported SSN		
b Employer's Fe	doral EIN		g Employee's previously reported name		
b Employers re	51-0190	238			
			h Employee's first name and initial	Last name Suff.	
			BHUVANACHANDRA	BHOOPAL	
Note. Only com	nplete money fields th	at are being corrected (exception: for	2345, SALEM CT, APT-C		
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).			WINSTON-SALEM, NC i Employee's address and ZIP code	27103	
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	y wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wad	36,905.20	5 Medicare wages and tips	2,288.12 6 Medicare tax withheld	6 Medicare tax withheld	
o Medicare wat					
7 Social securit	36,905.20 ry tips	7 Social security tips	535.13 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 Reti	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c	
			12d	5 12d	
			C 8	C o d	
			e	e	
		State Correction	n Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
Employer's sta	ate 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	
		Locality Correct	on 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	1	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.