

44444

For Official Use Only  
OMB No. 1545-0008

a Employer's name, address, and ZIP code

The Research Foundation for SUNY  
PO Box 9  
Albany, NY 12201-0009

b Employer's Federal EIN

14-1368361

c Tax year/Form corrected

2023 / W-2

d Employee's correct SSN

351-91-8321

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

000-04-1180

g Employee's previously reported name

h Employee's first name and initial

Pranay

Last name

Nirapure

Suff.

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).

157 Schubert Street  
Binghamton NY 13905

i Employee's address and ZIP code

Previously reported

Correct information

Previously reported

Correct information

1 Wages, tips, other compensation

1 Wages, tips, other compensation

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

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

13 Statutory employee  Retirement plan  Third-party sick pay

12b

12b

14 Other (see instructions)

14 Other (see instructions)

12c

12c

12d

12d

State Correction Information

Previously reported

Correct information

Previously reported

Correct information

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

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 1—State, City, or Local Tax Department

44444

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Safe, accurate,  
FASTI Use



Visit the IRS website  
at www.irs.gov.

a Employer's name, address, and ZIP code

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PO Box 9  
Albany, NY 12201-0009

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157 Schubert Street  
Binghamton NY 13905

i Employee's address and ZIP code

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Correct information

1 Wages, tips, other compensation

1 Wages, tips, other compensation

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

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

13 Statutory employee  Retirement plan  Third-party sick pay

12b

12b

14 Other (see instructions)

14 Other (see instructions)

12c

12c

12d

12d

State Correction Information

Previously reported

Correct information

Previously reported

Correct information

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

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

Department of the Treasury  
Internal Revenue Service

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 OMB No. 1545-0008

**a** Employer's name, address, and ZIP code

**The Research Foundation for SUNY**  
**PO Box 9**  
**Albany, NY 12201-0009**

**c** Tax year/Form corrected  
**2023 / W-2**

**d** Employee's correct SSN  
**351-91-8321**

**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  
**000-04-1180**

**g** Employee's previously reported name

**b** Employer's Federal EIN  
**14-1368361**

**h** Employee's first name and initial  
**Pranay**

Last name  
**Nirapure**

Suff.

**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).

**157 Schubert Street**  
**Binghamton NY 13905**  
**i** Employee's address and ZIP code

Previously reported		Correct information		Previously reported		Correct information	
<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		<b>3</b> Social security wages		<b>4</b> Social security tax withheld		<b>4</b> Social security tax withheld	
<b>5</b> Medicare wages and tips		<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld		<b>6</b> Medicare tax withheld	
<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>	

**State Correction Information**

Previously reported		Correct information		Previously reported		Correct information	
<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	

**Locality Correction Information**

Previously reported		Correct information		Previously reported		Correct information	
<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 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 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.

<b>a</b> Employer's name, address, and ZIP code  <b>The Research Foundation for SUNY</b> <b>PO Box 9</b> <b>Albany, NY 12201-0009</b>	<b>c</b> Tax year/Form corrected  2023 / W-2	<b>d</b> Employee's correct SSN  351-91-8321
	<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 checked="" type="checkbox"/>	
	<b>f</b> Employee's previously reported SSN  000-04-1180	

<b>b</b> Employer's Federal EIN  14-1368361	<b>g</b> Employee's previously reported name
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<b>h</b> Employee's first name and initial  Pranay	Last name  Nirapure	Suff.
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**i** Employee's address and ZIP code  
 157 Schubert Street  
 Binghamton NY 13905

Previously reported		Correct information		Previously reported		Correct information	
1	Wages, tips, other compensation	1	Wages, tips, other compensation	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
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	

State Correction Information			
Previously reported		Correct information	
15	State	15	State
	Employer's state ID number		Employer's state ID number
16	State wages, tips, etc.	16	State wages, tips, etc.
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.
19	Local income tax	19	Local income tax
20	Locality name	20	Locality name

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