Anisha Bajaj - 903127 - Alliant Credit Union

W-2C

	For Official Use Only	Safe, accurate, 📶	Visit the IRS website
4 4 4 4 4	OMB No. 1545-0008	FAST! Use	at www.irs.gov
a Employer's name, address, and ZIP co	de	C Tax year/Form corrected	d Employee's correct SSN
		2023/W-2	xxx-xx-2070
Alliant	Credit Union	Commented CCN and to make a CCharles	#his have and several to have \$ - and (a.a. a) if
		incorrect on form previously filed.)	this box and complete boxes f and/or g if
	N Touhy Ave o, IL 60666	incorrect of form previously flied.)	
0.11009	-, -= 00000		proviously filed:
		Complete boxes r and/or g only if inc	orrect on form previously filed:
		f Employee's previously reported SSI	N
b Employer identification number (EIN)		er Employagis proviously reported pa	ma
	6066772	g Employee's previously reported na	me
		h Employee's first name and initial	Last name Suff.
		Anisha	Bajaj
Note: Only complete money fields tha	t are being corrected (Exception: for	924	S May Street
, ,	eneral Instructions for Forms W-2 and W-3,	Chica	ago, IL 60607
under Specific Instructions for Form W		• Employee's address and ZIP code	
		■ 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
3 Medicare wages and tips	3 Medicare wages and tips	6 Medicare tax withheid	6 Medicare tax withheid
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	12 See instructions for box 12	12 See instructions for box 12
Tronquamea plans	Tronqualifica plans	12 See histractions for Box 12	12 See instructions for sox 12
13 Statutory Retirement Third-party	13 Statutory Retirement Third-party		
Employee plan sick pay	Employee plan sick pay		
14 Other (see instructions)	14 Other (see instructions)		
İ	1		

about:blank 1/7

Previously reported	Correct information	Previously reported	Correct information
15 State	15 State	15 State	15 State
Employer's state ID number 8000395470 001	Employer's state ID number 8000395470 001	Employer's state ID number	Employer's state ID number
16 State wages, tips, etc. 39,042.79	16 State wages, tips, etc. 11,376.78	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 Corre	ection 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

Form **W-2c** (Rev. 8-2023)

Department of the Treasury

Corrected Wage and Tax Statement

Internal Revenue Service

about:blank 2/7

4444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov
1111	OWB NO. 1343 0000	TASI. USC	at www.ms.gov
a Employer's name, address, and ZIP co	l de	C Tax year/Form corrected 2023/W-2	d Employee's correct SSN xxx-xx-2070
Alliant	Credit Union	e Corrected SSN and/or name. (Check	this box and complete boxes f and/or g if
11545 W Touhy Ave		incorrect on form previously filed.)	_
Chicago	o, IL 60666	Complete boxes f and/or g only if inco	orrect on form previously filed:
		f Employee's previously reported SSN	N
b Employer identification number (EIN)	6066772	g Employee's previously reported nar	me
		h Employee's first name and initial	Last name Suff.
		Anisha	Bajaj
Note: Only complete money fields tha corrections involving MQGE, see the G under Specific Instructions for Form W	eneral Instructions for Forms W-2 and W-3,		S May Street ago, IL 60607
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	12 See instructions for box 12	12 See instructions for box 12
13 Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay		
14 Other (see instructions)	14 Other (see instructions)		
	State Correct	ion Information	
Previously reported	Correct information	Previously reported	Correct information
15 State	15 State	15 State	15 State
IN	IN		
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number

about:blank 3/7

8000395470 001	8000395470 001		
16 State wages, tips, etc. 39,042.79	16 State wages, tips, etc. 11,376.78	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 Con	restion Information	

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 C -- For EMPLOYEE's RECORDS

Form **W-2c** (Rev. 8-2023)

Department of the Treasury

Corrected Wage and Tax Statement Internal Revenue Service

about:blank 4/7

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 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.

about:blank 5/7

44444	For Official Use Only OMB No. 1545-0008		
a Employer's name, address, and ZIP co	 ode	C Tax year/Form corrected	d Employee's correct SSN
Alliant Credit Union 11545 W Touhy Ave Chicago, IL 60666		2023/W-2 xxx-xx-2070 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 inc	correct on form previously filed:
		f Employee's previously reported SS	N
b Employer identification number (EIN)	-6066772	g Employee's previously reported na	me
		h Employee's first name and initial Anisha	Last name Suff. Bajaj
Note: Only complete money fields that corrections involving MQGE, see the Gunder Specific Instructions for Form V	General Instructions for Forms W-2 and W-3,		S May Street ago, IL 60607
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	12 See instructions for box 12	12 See instructions for box 12
13 Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay		
14 Other (see instructions)	14 Other (see instructions)		
	State Correct	ion Information	
Previously reported	Correct information	Previously reported	Correct information
15 State	15 State	15 State	15 State
Employer's state ID number 8000395470 001	Employer's state ID number 8000395470 001	Employer's state ID number	Employer's state ID number

about:blank 6/7

16 State wages, tips, etc. 39,042.79	16 State wages, tips, etc. 11,376.78	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 Corr	ection 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

Form **W-2c** (Rev. 8-2023)

Department of the Treasury

Corrected Wage and Tax Statement

Internal Revenue Service

about:blank 7/7