| 44444 | For Official Use Only OMB No. 1545-0008 | | Safe, accurate, FAST! Use | IRSP 1 | ile) | Visit the IRS website at www.irs.gov/efile | | |
|---|--|--|--|---------------------|----------------------------|---|---------|--|
| a Employer's name, address, and ZIP code | | | c Tax year/Form corrected | | d Employee's correct SSN | | | |
| VIRTUSA CONSULTING | | | 2023/ w-2 | | XXX-XX-3721 | | | |
| & SERVICES PRIVATE LTD 132 TURNPIKE RD STE 300 | | | Corrected SSN and/or name. (Check this box and complete boxes f and/or g if incorrect on form previously filed.) | | | | | |
| | | | | | | | | |
| SOUTHBO | ROUGH MA 01 | 1//2 | Complete boxes f and/or g only if incorrect on form previously filed : f Employee's previously reported SSN | | | | | |
| ARV | 016642 | | T Employee's previously r | eported SSN | | | | |
| | tification number (EIN) | | g Employee's previously | reported name | <u> </u> | | | |
| | 22-3641 | .325 | | | | | | |
| | | | h Employee's first name a | nd initial | Last name |) | Suff. | |
| | | | RAJENDER | | ADEPU | | | |
| | | | 1307 MEADOW | CBEEK | DR | | | |
| Note: Only com | nolete money fields th | at are being corrected. (Exception: for | APT NO: 139 | | 210 | | | |
| | | General Instructions for Forms W-2 | IRVING TX 75038 | | | | | |
| | | for Form W-2c, boxes 5 and 6). | i Employee's address and | ZIP code | , | 5036 | | |
| Previou | sly reported | Correct information | Previously rep | | Col | rrect information | | |
| | other compensation | Wages, tips, other compensation | 2 Federal income tax wit | | | al income tax withheld | | |
| 0 / 1 / | 06084 24 | | 202 | 0 10 | | 2602 2 | | |
| 3 Social securit | 96084.24 | 92165.26 3 Social security wages | 4 Social security tax with | 0.18 held | 4 Social | 3683.39 security tax withheld | 9 | |
| | , , | , , | | | | • | _ | |
| 5 Medicare was | 107163.66 | 102786.35 5 Medicare wages and tips | 6 Medicare tax withheld | 4.15 | 6 Medic | 6372.75 are tax withheld | 5 | |
| • Woodood o way | , | | | | • Wicaio | | _ | |
| 7 Social securit | 107163.66 | 102786.35 7 Social security tips | 8 Allocated tips | 3.87 | 9 Alloca | 1490.3 | 6 | |
| 7 Social securit | ly tips | 7 Godiai security tips | C / Modated tips | | 8 Allocated tips | | | |
| 9 | | 9 | 10 Dependent care benefi | ite | 10 Dener | ndent care benefits | | |
| · · | | | Dopondoni dare bonen | 10 | lo Bopoi | Idoni dalo pononto | | |
| 11 Nonqualified | nlans | 11 Nonqualified plans | 12a See instructions for bo | v 12 | 12a See in | nstructions for box 12 | | |
| 11 Nonqualifica | piano | TT Nonqualined plans | 8 1 | | C | Ī | | |
| 13 Statutory Reti | irement Third-party n sick pay | 13 Statutory Retirement Third-party employee plan sick pay | D 1107 | 9.42 | ₿ D 12b | 10621.0 | 9 | |
| employee plar | sick pay | employee plan sick pay | 000 | | Coa | | | |
| 14 Other (see ins | tructions) | 14 Other (see instructions) | 12c | | 12c | | | |
| | | | 000 | | ode | | | |
| | | | 12d | | 12d | | | |
| | | | 000 | | ode | | | |
| | | | | | | | | |
| | | State Correctio | | | | | | |
| Previou | sly reported | Correct information | Previously reported | | Correct information | | | |
| 15 State | | 15 State | 15 State | | 15 State | | | |
| TX | | | | | | | | |
| Employer's state ID number | | Employer's state ID number | Employer's state ID number | | Employer's state ID number | | | |
| 16 State Wages | tino eta | 16 State wages, tips, etc. | 16 State wages, tips, etc. | | 16 State i | wages, tips, etc. | | |
| 16 State wages, tips, etc. | | otate wages, tips, etc. | To State wages, ups, etc. | | To clate wages, tipe, etc. | | | |
| 17 State income tax | | 17 State income tax | 17 State income tax | | 17 State income tax | | | |
| | | | | | | | | |
| | | Locality Correcti | | | | | | |
| 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 | | | |

| 44444 | For Official Use Only OMB No. 1545-0008 | 1 | Safe, accurate, FAST! Use | (RSP.4/1 | fl@ | Visit the IRS website at www.irs.gov/efile | | |
|--|---|--|---|------------------|-------------------------------|--|---|--|
| a Employer's name, address, and ZIP code | | | c Tax year/Form corrected | | d Employee's correct SSN | | | |
| _ | CONSULTING | 2023/ w-2 XXX-XX-3721 | | | | | | |
| | CES PRIVATI ENPIKE RD S' | e Corrected SSN and/or name. (Check this box and complete boxes f and/or g if incorrect on form previously filed.) | | | | | | |
| | OROUGH MA 01 | | Complete boxes f and/or g only if incorrect on form previously filed: | | | | | |
| | | | f Employee's previously reported SSN | | | | | |
| ARV | 016642 tification number (EIN) | | n Familiarea's massiculate | | | | | |
| b Employer iden | 22-3641 | .325 | g Employee's previously i | еропеа пате | | | | |
| | | | h Employee's first name and initial Last name | | | Suff. | | |
| | | | RAJENDER | RAJENDER ADEPU | | | ļ | |
| | | | 1307 MEADOW | CREEK | DR | | | |
| corrections inve | nplete money fields th olving MQGE, see the r Specific Instructions | APT NO: 139 IRVING TX 75038 i Employee's address and ZIP code | | | | | | |
| | isly reported | Correct information | Previously repo | | Co | rrect information | 1 | |
| | other compensation | 1 Wages, tips, other compensation | 2 Federal income tax with | | | al income tax withheld | | |
| | 96084.24 | 92165.26 | 383 | 0.18 | | 3683.3 | 9 | |
| 3 Social securi | ty wages | 3 Social security wages | 4 Social security tax with | held | 4 Socia | I security tax withheld | | |
| 5 Medicare wa | 107163.66 | 102786.35 5 Medicare wages and tips | 664 6 Medicare tax withheld | 4.15 | 6 Madie | 6372.7 care tax withheld | 5 | |
| 5 Medicale wa | - | , | | - | • Medit | | _ | |
| 7 Social securi | 107163.66 ty tips | 102786.35 7 Social security tips | 8 Allocated tips | 3.87 | 8 Alloca | 1490.3 ated tips | 6 | |
| | | | | | | | | |
| 9 | | 9 | 10 Dependent care benefit | ts | 10 Depe | ndent care benefits | | |
| 11 Nonqualified | plans | 11 Nonqualified plans | 12a See instructions for bo | x 12 | 12a See i | nstructions for box 12 | | |
| . a Statutony Dal | irement Third-party | 13 Statutory Retirement Third-party | D 1107 | 9.42 | g D | 10621.0 | 9 | |
| employee pla | n sick pay | employee plan sick pay | 12b | | 12b | | | |
| 14 Other (see ins | structions) | 14 Other (see instructions) | 12c | | 12c | I | | |
| | | | 12d | | 12d | | | |
| | | | C o d e | | Code | | | |
| | | | | | | | | |
| Duardar | also wa wa a wha al | State Correction | | | 0- | | | |
| 15 State | isly reported | Correct information 15 State | Previously reported 15 State | | Correct information 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 Correct | on 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 | | ty name | | |

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.