


Sonalli Kalra - 27300 - City National Bank

W-2C

4 4 4 4 4	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use	 Visit the IRS website at www.irs.gov	
a Employer's name, address, and ZIP code <p style="text-align: center;"> City National Bank 555 S. Flower Street 18th Floor Los Angeles, CA 90071 </p>		c Tax year/Form corrected 2023/W-2	d Employee's correct SSN <p style="text-align: center;">xxx-xx-3558</p>	
		e Corrected SSN and/or name. (Check this box and complete boxes f and/or g if <input type="checkbox"/> incorrect on form previously filed.)		
		Complete boxes f and/or g only if incorrect on form previously filed:		
		f Employee's previously reported SSN		
b Employer identification number (EIN) <p style="text-align: center;">95-1780067</p>		g Employee's previously reported name		
<p>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).</p>		h Employee's first name and initial <p style="text-align: center;">Sonalli</p>	Last name <p style="text-align: center;">Kalra</p>	Suff.
		<p style="text-align: center;"> 80 Stonybrook Drive Bridgewater, MA 02324 </p>		
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 <p style="text-align: center;">19,202.64</p>	3 Social security wages <p style="text-align: center;">0.00</p>	4 Social security tax withheld <p style="text-align: center;">1,190.56</p>	4 Social security tax withheld <p style="text-align: center;">0.00</p>	
5 Medicare wages and tips <p style="text-align: center;">19,202.64</p>	5 Medicare wages and tips <p style="text-align: center;">0.00</p>	6 Medicare tax withheld <p style="text-align: center;">278.44</p>	6 Medicare tax withheld <p style="text-align: center;">0.00</p>	
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14 Other (see instructions)	14 Other (see instructions)			

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

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FAST! Use



Visit the IRS website
at www.irs.gov

a Employer's name, address, and ZIP code

City National Bank

555 S. Flower Street
18th Floor
Los Angeles, CA 90071

c Tax year/Form corrected
2023/W-2

d Employee's correct SSN
xxx-xx-3558

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

b Employer identification number (EIN)
95-1780067

g Employee's **previously reported** name

h Employee's first name and initial Sonalli	Last name Kalra	Suff.
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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).

80 Stonybrook Drive
Bridgewater, MA 02324

i Employee's address and ZIP code

Previously reported	Correct information
1 Wages, tips, other compensation	1 Wages, tips, other compensation
3 Social security wages 19,202.64	3 Social security wages 0.00
5 Medicare wages and tips 19,202.64	5 Medicare wages and tips 0.00
7 Social security tips	7 Social security tips
9	9
11 Nonqualified plans	11 Nonqualified plans
13 Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14 Other (see instructions)	14 Other (see instructions)

Previously reported	Correct information
2 Federal income tax withheld	2 Federal income tax withheld
4 Social security tax withheld 1,190.56	4 Social security tax withheld 0.00
6 Medicare tax withheld 278.44	6 Medicare tax withheld 0.00
8 Allocated tips	8 Allocated tips
10 Dependent care benefits	10 Dependent care benefits
12 See instructions for box 12	12 See instructions for box 12

State Correction Information

Previously reported	Correct information
15 State	15 State
Employer's state ID number	Employer's state ID number

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.	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
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18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.	18 Local wages, tips, etc.
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Copy C -- For EMPLOYEE's RECORDS

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

Corrected Wage and Tax Statement

Department of the Treasury

Internal Revenue Service

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.

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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 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"/>		
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Previously reported	Correct information	Previously reported	Correct information
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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.
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Locality Correction Information			
Previously reported	Correct information	Previously reported	Correct information
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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