


# Bhavani Lenkala - 030105882 - Aramark Master Company

## W-2C

44444	<b>For Official Use Only</b> OMB No. 1545-0008	Safe, accurate, <b>FAST! Use</b>	 Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a>
<b>a</b> Employer's name, address, and ZIP code  Aramark Food & Sup Svcs Agent For Aramark Campus, LLC  P O Box 8018 Philadelphia, PA 19101	<b>c</b> Tax year/Form corrected 2023/W-2	<b>d</b> Employee's correct SSN 797-07-7201	
	<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 type="checkbox"/>		
	Complete boxes f and/or g only if incorrect on form <b>previously filed</b>		
	<b>f</b> Employee's <b>previously reported</b> SSN 999-00-7346		
<b>b</b> Employer's Federal EIN 23-2573585	<b>g</b> Employee's <b>previously reported</b> name		
<b>Note:</b> 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).	<b>h</b> Employee's first name and initial Bhavani	Last name Lenkala	Suff.
	1221 E Broadway Rd Apt 2055 Tempe, AZ 85282		
<b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>	<b>Correct information</b>	<b>Previously reported</b>	<b>Correct information</b>
<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>12</b> See instructions for box 12	<b>12</b> See instructions for box 12
<b>13</b> Statutory Employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>13</b> Statutory Employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)		

<b>State Correction Information</b>			
<b>Previously reported</b>	<b>Correct information</b>	<b>Previously reported</b>	<b>Correct information</b>
<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
<b>Locality Correction Information</b>			
<b>Previously reported</b>	<b>Correct information</b>	<b>Previously reported</b>	<b>Correct information</b>
<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 B -- To Be Filed with Employee's FEDERAL Tax Return**

Form **W-2c** (Rev. 8-2014)

**Corrected Wage and Tax Statement**

Department of the Treasury

Internal Revenue Service

4 4 4 4 4	<b>For Official Use Only</b> OMB No. 1545-0008	Safe, accurate,  FAST! Use <span style="font-size: small;">Visit the IRS website at <a href="http://www.irs.gov">www.irs.gov</a></span>	
<b>a</b> Employer's name, address, and ZIP code  Aramark Food & Sup Svcs Agent For Aramark Campus, LLC  P O Box 8018 Philadelphia, PA 19101	<b>c</b> Tax year/Form corrected <b>2023/W-2</b>	<b>d</b> Employee's correct SSN 797-07-7201	
	<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 type="checkbox"/>		
	Complete boxes f and/or g only if incorrect on form <b>previously filed</b>		
	<b>f</b> Employee's <b>previously reported</b> SSN 999-00-7346		
<b>b</b> Employer's Federal EIN 23-2573585	<b>g</b> Employee's <b>previously reported</b> name		
<b>Note:</b> 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).	<b>h</b> Employee's first name and initial Bhavani	Last name Lenkala	Suff.
	1221 E Broadway Rd Apt 2055 Tempe, AZ 85282		
<b>i</b> Employee's address and ZIP code			
<b>Previously reported</b>	<b>Correct information</b>	<b>Previously reported</b>	<b>Correct information</b>
<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>12</b> See instructions for box 12	<b>12</b> See instructions for box 12
<b>13</b> Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>13</b> Statutory Retirement Third-party Employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>14</b> Other (see instructions)	<b>14</b> Other (see instructions)		
<b>State Correction Information</b>			
<b>Previously reported</b>	<b>Correct information</b>	<b>Previously reported</b>	<b>Correct information</b>
<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
<b>Locality Correction Information</b>			
<b>Previously reported</b>	<b>Correct information</b>	<b>Previously reported</b>	<b>Correct information</b>
<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**

Form **W-2c** (Rev. 8-2014)

**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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<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name	<b>20</b> Locality name

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

Form **W-2c** (Rev. 8-2014)

**Corrected Wage and Tax Statement**

Department of the Treasury  
Internal Revenue Service