## Bhavani Lenkala - 030105882 - Aramark Master Company

## W-2C

	For Official Use Only	Safe, accurate, 🔏	Visit the IRS v	website
44444	OMB No. 1545-0008	FAST! Use	at www.irs.g	ìon
a Employer's name, address, and ZIP co	l de	<b>C</b> Tax year/Form corrected	d Employee's correct SSN	
a Employer smaller, address, and Effice		2023/W-2	797-07-7201	
Aramark Fo	ood & Sup Svcs			
Agent For Ar	amark Campus, LLC	<b>e</b> Corrected SSN and/or name (Check	this box and complete boxes f and/or	g if
		incorrect on form previously filed.)		
	Box 8018			
Philadelp	hia, PA 19101	Complete boxes f and/or g only if inc	correct on form <b>previously file</b>	d
		<b>f</b> Employee's <b>previously reported</b> SS	N	
		99	99-00-7346	
<b>b</b> Employer's Federal EIN		<b>q</b> Employee's <b>previously reported</b> na	ime	
	2573585			
		<b>h</b> Employee's first name and initial	Last name	Suff.
		Bhavani	Lenkala	
		1221 E Bm	and and OOFF	
Note: Only complete money fields tha	t are being corrected (exception: for	1221 E Broadway Rd Apt 2055 Tempe, AZ 85282		
	eneral Instructions for Forms W-2 and W-3,	1 3,	50, 111 00101	
under Specific Instructions for Form W	/-2c, boxes 5 and 6).	i Employee's address and ZIP code		
Bussianska manastad	C	Burning burners at all	C	
Previously reported	Correct information	Previously reported	Correct information	on
1 Wages, tips, other compensation	1 Wages, tips, other compensation	<b>2</b> Federal income tax withheld	2 Federal income tax withheld	
<b>3</b> Social security wages	<b>3</b> Social security wages	<b>4</b> Social security tax withheld	4 Social security tax withheld	
Seeming mages	S commercially regul		<b>4</b>	
<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	
9	9	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits	
3	*	To bepertuent cure betternes	10 bependent care benefits	
11 Nonqualified plans	11 Nonqualified plans	<b>12</b> See instructions for box 12	<b>12</b> See instructions for box 12	
100	100			
<b>13</b> Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay			
Employee plan sick pay	Employee plan Sick pay			
<b>14</b> Other (see instructions)	14 Other (see instructions)	1		
- Outer (See Instructions)	- Carer (See Instructions)			
1				

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State Correction Information				
Previously reported	Correct information	Previously reported	Correct information	
<b>15</b> 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	
<b>16</b> State wages, tips, etc.	16 State wages, tips, etc.	<b>16</b> State wages, tips, etc.	<b>16</b> State wages, tips, etc.	
<b>17</b> 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	
<b>18</b> Local wages, tips, etc.	18 Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	<b>18</b> Local wages, tips, etc.	
<b>19</b> Local income tax	19 Local income tax	<b>19</b> Local income tax	19 Local income tax	
<b>20</b> Locality name	20 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)

Department of the Treasury

**Corrected Wage and Tax Statement** 

Internal Revenue Service

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4444	For Official Use Only OMB No. 1545-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov	
<b>a</b> Employer's name, address, and ZIP co	de	C Tax year/Form corrected 2023/W-2	<b>d</b> Employee's correct SSN 797-07-7201	
Aramark Food & Sup Svcs Agent For Aramark Campus, LLC P O Box 8018		<b>e</b> Corrected SSN and/or name (Check the incorrect on form previously filed.)	his box and complete boxes f and/or g if	
	hia, PA 19101	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	0-00-7346	
<b>b</b> Employer's Federal EIN	2573585	<b>g</b> Employee's <b>previously reported</b> nam	ne	
		<b>h</b> Employee's first name and initial Bhavani	Last name Suff. Lenkala	
<b>Note:</b> Only complete money fields that corrections involving MQGE, see the G under Specific Instructions for Form W	eneral Instructions for Forms W-2 and W-3,		adway Rd Apt 2055 e, AZ 85282	
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	4 Social security tax withheld	
5 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	
9	9	<b>10</b> Dependent care benefits	<b>10</b> Dependent care benefits	
11 Nonqualified plans	11 Nonqualified plans	<b>12</b> See instructions for box 12	<b>12</b> See instructions for box 12	
13 Statutory Retirement Third-party Employee plan sick pay	13 Statutory Retirement Third-party Employee plan sick pay			
<b>14</b> Other (see instructions)	14 Other (see instructions)			
	State Correcti	ion Information		
Previously reported	Correct information	Previously reported	Correct information	
15 State	15 State	<b>15</b> State	15 State	
Employer's state ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	

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<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	17 State income tax	17 State income tax	17 State income tax
Previously reported	Locality Corre	ection 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.
<b>19</b> Local income tax	19 Local income tax	<b>19</b> Local income tax	19 Local income tax
			<b>20</b> Locality name

Copy C -- For EMPLOYEE's RECORDS

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

Department of the Treasury

**Corrected Wage and Tax Statement** 

Internal Revenue Service

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## **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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4444	For Official Use Only OMB No. 1545-0008			
a Employer's name, address, and ZIP co	ode	<b>て</b> Tax year/Form corrected	<b>d</b> Employee's correct SSN	
Aramark Food & Sup Svcs		2023/W-2	797-07-7201	
Agent For Ar	amark Campus, LLC	<b>e</b> Corrected SSN and/or name (Check to incorrect on form previously filed.)	this box and complete boxes f and/or g if	
Philadelphia, PA 19101		Complete boxes f and/or g only if inc	orrect 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		<b>Q</b> Employee's <b>previously reported</b> na	me	
' '	-2573585			
		h Employee's first name and initial  Bhavani	Last name Suff.  Lenkala	
<b>Note:</b> Only complete money fields tha	at are being corrected (exception: for		padway Rd Apt 2055	
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).		Tempe, AZ 85282  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	
wages, ups, other compensation	wages, ups, other compensation	Z rederarincome tax withheld	Z rederarincome 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	8 Allocated tips	
9	9	<b>10</b> Dependent care benefits	10 Dependent care benefits	
11 Nonqualified plans	11 Nonqualified plans	<b>12</b> See instructions for box 12	<b>12</b> 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	tion Information		
Previously reported	Correct information	Previously reported	Correct information	
<b>15</b> State	15 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>17</b> 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               |
| <b>18</b> Local wages, tips, etc. | 18 Local wages, tips, etc.        | <b>18</b> Local wages, tips, etc. | <b>18</b> Local wages, tips, etc. |
| 19 Local income tax               | 19 Local income tax               | <b>19</b> Local income tax        | 19 Local income tax               |
| <b>20</b> Locality name           | 20 Locality name                  | <b>20</b> Locality name           | 20 Locality name                  |

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

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

Department of the Treasury

**Corrected Wage and Tax Statement** 

Internal Revenue Service

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