44444	For Official Use Only OMB No. 1545-0008	>					
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN			
NTT DAT	TNC		2018/ W-2	710-24-9172			
	Y SQUARE		e Corrected SSN and/or name (Check this box and complete boxes f and/or				
	MA 02129		g if incorrect on form previously filed.)				
			Complete boxes f and/or g only if incorrect on form previously filed ▶				
	212211		f Employee's previously reported SSN				
LAD b Employer's Fe	019344		g Employee's previously reported name				
b Employers re	04-2437	166	g Employee's previously reported frame				
			h Employee's first name and initial	Last name Suff.			
			BIKSHAPATHI	MARSHETTY			
N O I			241 ELM STREET				
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).			APARTMENT NO 6 MONTPELIER VT 05602 i Employee's address and ZIP code				
Previou	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, o	ther compensation	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		11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12			
13 Statutory Ret plan	irement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			12d	12d			
		State Correction	ē				
Previou 15 State	sly reported	Correct information 15 State	Previously reported 15 State	Correct information 15 State			
VT		19 State	15 State	13 State			
Employer's state ID number		Employer's state ID number	Employer's state ID number	Employer's state ID number			
WHT10080842 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							
		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			

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	OMB No. 1545-0008						
a Employer's name, address, and ZIP code			c Tax year/Form corrected	d Employee's correct SSN			
NTT DAT			2018/ w-2	710-24-9172			
	TY SQUARE		e Corrected SSN and/or name (Check this box and complete boxes f and/or				
BOSTON	MA 02129		g if incorrect on form previously filed.)				
			Complete boxes f and/or g only if incorrect on form previously filed ▶				
LAD	019344		f Employee's previously reported SSN				
b Employer's Fe			g Employee's previously reported name				
	04-2437	166					
			h Employee's first name and initial BIKSHAPATHI	Last name Suff. MARSHETTY			
			241 ELM STREET	L			
corrections invo	olving MQGE, see the	at are being corrected (exception: for General Instructions for W-2 and W-3,	APARTMENT NO 6 MONTPELIER VT 05602				
•	Instructions for Form \		i Employee's address and ZIP code				
	sly reported	Correct information	Previously reported	Correct information			
1 Wages, tips, other compensation 1 Wages, tips, oth		Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld			
3 Social securit	ty wages	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld			
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld			
7 Social securit	ty 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		11 Nonqualified plans	12a See instructions for box 12	12a See instructions for box 12			
13 Statutory employee plan	, <u> </u>	13 Statutory Retirement Third-party employee plan Sick pay	12b	12b			
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c			
			12d	12d			
			C o d	C o d			
Duarrian		State Correction		Compatinformation			
	sly reported	Correct information	Previously reported	Correct information			
15 State		15 State	15 State	15 State			
VT Employer's st	ata ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number			
Employer's state ID number		Employer's state to number	Employer's state to humber	Employer's state to number			
WHT10080842 16 State wages, tips, etc. 16 State wages, tips, etc.		16 State wages, tips, etc.	16 State wages, tips, etc.				
To State wages, tips, etc.		To otato ragos, tps, ots.	To otato magos, tipo, oto.	To Glate Wages, tips, etc.			
17 State income tax 17 State income tax		17 State income tax	17 State income tax				
Locality Correction Information							
Previou	sly 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 2		20 Locality name	20 Locality name	20 Locality name			

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a Employer's name, address, and ZIP code			c Tax year/Fo	orm corrected	d Employee's correct SSN		
NTT DATA INC			2018/ W-2 710-24-9172				
	TY SQUARE MA 02129		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				
LAD	019344						
b Employer's Fe	04-2437	166	g Employee's previously reported name				
			h Employee's	first name and initial	Last name Suff.		
			BIKSH	APATHI	MARSHETTY		
			241 ELM STREET				
Note. Only con	nplete money fields tha	at are being corrected (exception: for	APARTMENT NO 6				
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).			MONTPELIER VT 05602 i Employee's address and ZIP code				
Previou	sly reported	Correct information	Previ	ously reported	Correct information		
1 Wages, tips, o	ther compensation	1 Wages, tips, other compensation	2 Federal in	come tax withheld	2 Federal income tax withheld		
3 Social security wages		3 Social security wages	4 Social sec	curity 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 Depender	nt care benefits	10 Dependent care benefits		
11 Nonqualified plans 11 Nonqualified plans		11 Nonqualified plans	12a See instru	ictions for box 12	12a See instructions for box 12		
13 Statutory Ret plan	n —i′	13 Statutory Retirement Third-party sick pay	12b		12b		
14 Other (see ins	structions)	14 Other (see instructions)	12c		12c		
			12d		12d		
			o d e		C 0 d e e		
		State Correction	n Informat	tion			
Previou	sly reported	Correct information		ously reported	Correct information	nn .	
15 State	ioly roportou	15 State	15 State	oucly roportou	15 State		
			State		- Columb		
VT Employer's state ID number		Employer's state ID number	Employer's state ID number Em		Employer's state ID numbe	r	
WHT10080842		40.00		40.00			
16 State wages, tips, etc.		16 State wages, tips, etc.	16 State wages, tips, etc. 16 State wages,		16 State wages, tips, etc.		
17 State income	tax	17 State income tax	17 State inco	me tax	17 State income tax		
Locality Correction Information							
Previously reported Correct information		Correct information	Previously reported		Correct information		
18 Local wages,	tips, etc.	18 Local wages, tips, etc.	18 Local wage	18 Local wages, tips, etc. 18 Local wages, tips, etc.			
19 Local income	tax	19 Local income tax	19 Local inco	me tax	19 Local income tax		
20 Locality name		20 Locality name	20 Locality na	nme	20 Locality name		

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 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, Additional Medicare Tax. If you need to file Form 8959 or an amended Form 8959, attach it to Form 1040 or Form 1040X, 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, Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.