44444	For Official Use Only OMB No. 1545-0008	<b>&gt;</b>			
a Employer's na	me, address, and ZIP coo	de	c Tax year/Form corrected	d Employee's correct SSN	
INFOSYS LIMITED			2018/ W-2	440-11-0155	
2400N GLENNVILLE DR C150			e Corrected SSN and/or name (Check		
RICHARI	SON TX 7508	32	g if incorrect on form previously filed Complete boxes f and/or g only if incor	·	
			f Employee's previously reported SSN	rect on form previously filed	
XAW	698848				
<b>b</b> Employer's Fe	deral EIN 58-1760	235	g Employee's previously reported name		
			h Employee's first name and initial  VENKATA R	Last name Suff.  AKULA	
			911 E CAMELBACK RI	L	
Note. Only con	nplete money fields tha	at are being corrected (exception: for	UNIT 3080	,	
	•	General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	PHOENIX AZ i Employee's address and ZIP code	850146126	
	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, o	ther compensation	1 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	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	
				е	
		State Correction	ē		
Previou 15 State	sly reported	Correct information  15 State	Previously reported  15 State	Correct information  15 State	
13 State		13 State	19 State	19 State	
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages,		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	 ion Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
18 Local wages,		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	<b>&gt;</b>			
a Employer's na	me, address, and ZIP coo	de	c Tax year/Form corrected	d Employee's correct SSN	
INFOSYS LIMITED			2018/ W-2	440-11-0155	
2400N GLENNVILLE DR C150			e Corrected SSN and/or name (Check		
RICHARI	SON TX 7508	32	g if incorrect on form previously filed Complete boxes f and/or g only if incor	·	
			f Employee's previously reported SSN	rect on form previously filed	
XAW	698848				
<b>b</b> Employer's Fe	deral EIN 58-1760	235	g Employee's previously reported name		
			h Employee's first name and initial  VENKATA R	Last name Suff.  AKULA	
			911 E CAMELBACK RI	L	
corrections invo	olving MQGE, see the	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	UNIT 3080 PHOENIX AZ i Employee's address and ZIP code	850146126	
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, or	ther compensation	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	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	
Droviou	sly reported	State Correction Correct information	n Information  Previously reported	Correct information	
15 State	isiy reporteu	15 State	15 State	15 State	
	ate ID number STATE	Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages,		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	l ion 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	)	20 Locality name	20 Locality name	20 Locality name	

44444	For Official Use Only	<b>&gt;</b>			
	OMB No. 1545-0008				
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
INFOSYS LIMITED			2018/ w-2	440-11-0155	
2400N GLENNVILLE DR C150 RICHARDSON TX 75082		<ul> <li>Corrected SSN and/or name (Check g if incorrect on form previously filed</li> </ul>	·		
			Complete boxes f and/or g only if incorrect on form <b>previously filed</b>		
			f Employee's previously reported SSN	· · · · · ·	
XAW	698848				
<b>b</b> Employer's Fe	deral EIN 58-1760	235	g Employee's previously reported name		
			h Employee's first name and initial VENKATA R	Last name Suff.  AKULA	
			911 E CAMELBACK RI	)	
corrections invo		at are being corrected (exception: for General Instructions for W-2 and W-3, W-2c. boxes 5 and 6).	UNIT 3080 PHOENIX AZ i Employee's address and ZIP code	850146126	
	sly reported	Correct information	Previously reported	Correct information	
	ther compensation	Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld	
. Magas, apa, a	and componedion	· rages, aps, early compensation			
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	12a See instructions for box 12	12a See instructions for box 12	
	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	<sup>8</sup> C 43.15	dec	
employee plar	n sick pay	employee plan sick pay	6001.12	d	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c C d	
			12d	•	
			C o d e	C o d e	
		21			
		State Correction	_		
	sly reported	Correct information	Previously reported	Correct information	
15 State <b>AZ</b>		15 State	15 State	15 State	
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
58-17	60235				
16 State wages,		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
	133362.45	134327.80			
17 State income		17 State income tax	17 State income tax	17 State income tax	
	3707.74	3733.74			
		Locality Correct			
	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	)	20 Locality name	20 Locality name	20 Locality name	

44444	For Official Use Only OMB No. 1545-0008	<b>→</b>					
a Employer's na	me, address, and ZIP cod	de	c Tax yea	ar/Form corrected	<b>d</b> Employe	ee's correct SSN	
INFOSYS LIMITED			20	18/ <b>W</b> -2	44	0-11-0155	
2400N GLENNVILLE DR C150 RICHARDSON TX 75082				ted SSN and/or name (Check correct on form previously filed		d complete boxes f a	ind/or
		_	Complet	e boxes f and/or g only if incor	rect on form	previously filed	
			-	ee's previously reported SSN		· · ·	
XAW	698848						
<b>b</b> Employer's Fe			g Employ	yee's previously reported name			
	58-1760	235					
			h Employ	ee's first name and initial	Last name		Suff.
			VENE	KATA R	AKULA	1	
			911	E CAMELBACK RI	)		*
•	•	at are being corrected (exception: for	UNI	г 3080			
		General Instructions for Forms W-2		ENIX AZ	8	50146126	
	<u> </u>	for Form W-2c, boxes 5 and 6).		ee's address and ZIP code			
	sly reported	Correct information		reviously reported		rect information	l
1 Wages, tips, or	ther compensation	Wages, tips, other compensation	2 Feder	ral income tax withheld	2 Federa	Il income tax withheld	
3 Social securit	ty wages	3 Social security wages	4 Socia	l security tax withheld	4 Social	security tax withheld	
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medio	care tax withheld	6 Medica	are tax withheld	
7 Social securit	ty tips	7 Social security tips	8 Alloca	ated tips	8 Allocat	ed tips	
9		9	10 Depe	ndent care benefits	10 Depen	dent care benefits	
11 Nonqualified	plans	11 Nonqualified plans	C	nstructions for box 12	C .	structions for box 12	
13 Statutory Ret	tirement Third-party	13 Statutory Retirement Third-party	g C	43.15	å C	43.6	8
employee plan		13 Statutory Retirement Third-party sick pay	12b	6001.12	12b   c   d   d   D	6185.7	4
14 Other (see ins	structions)	14 Other (see instructions)	12c	1	12c		
			12d		12d		
			C o d e		C o d		
	<del>-</del>	State Correction	n Inforr	nation	ļ		
Previou	sly reported	Correct information	Pr	reviously reported	Cor	rect information	1
15 State		15 State	15 State		15 State		
AZ							
	ate ID number	Employer's state ID number	Emplo	yer's state ID number	Employ	er's state ID number	
58-17	60235						
16 State wages,	tips, etc.	16 State wages, tips, etc.	16 State	wages, tips, etc.	16 State w	ages, tips, etc.	
	133362.45	134327.80					
17 State income	tax	17 State income tax	<b>17</b> State	income tax	17 State in	come tax	
	3707.74	3733.74	    -				
D.,	mba wamanda at	Locality Correct	_				
	sly reported	Correct information		reviously reported		rect information	l
18 Local wages,	ups, etc.	18 Local wages, tips, etc.	18 Local	wages, tips, etc.	18 Local v	vages, tips, etc.	
19 Local income	tax	19 Local income tax	19 Local	income tax	19 Local in	ncome tax	
20 Locality name	•	20 Locality name	20 Locali	ty name	20 Locality	/ name	

44444	For Official Use Only	<b>&gt;</b>			
	OMB No. 1545-0008				
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
INFOSYS LIMITED			2018/ w-2	440-11-0155	
2400N GLENNVILLE DR C150 RICHARDSON TX 75082			<ul> <li>Corrected SSN and/or name (Check g if incorrect on form previously filed</li> </ul>	·	
		_	Complete boxes f and/or g only if incorrect on form previously filed		
			f Employee's previously reported SSN	, , , , , , , , , , , , , , , , , , ,	
XAW	698848		, , , , , ,		
<b>b</b> Employer's Fe	deral EIN 58-1760	235	g Employee's previously reported name		
			h Employee's first name and initial VENKATA R	Last name Suff.  AKULA	
			911 E CAMELBACK RI	)	
corrections invo	•	at are being corrected (exception: for General Instructions for W-2 and W-3, W-2c, boxes 5 and 6).	UNIT 3080 PHOENIX AZ i Employee's address and ZIP code	850146126	
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, o	ther compensation	1 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	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory Ret employee plan	rirement Third-party n sick pay	13 Statutory Retirement Third-party sick pay	<sup>1</sup> / <sub>2</sub> C   .53	12b	
			B 184.62	.00	
14 Other (see ins	structions)	14 Other (see instructions)	12c	<b>12c</b>   c   d	
			C od d e	e	
			<b>12d</b> ♀	<b>12d</b>   ç	
			C o d e	C o d e	
		State Correction	 		
Proviou	sly reported	Correct information	Previously reported	Correct information	
<b>15</b> State	isiy reported	15 State	15 State	15 State	
		10 State	10 State	To dialo	
IL Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
' '					
16 State wages,	60235 000 1 tips. etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
	965.35	.00	,	, 10 danie magae, 1,pa, 1101	
17 State income		17 State income tax	17 State income tax	17 State income tax	
	26.00	.00			
	20,00	Locality Correct	ion Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
18 Local wages,	•	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	<b>&gt;</b>		
a Employer's na	me, address, and ZIP coo	le	c Tax year/Form corrected	d Employee's correct SSN
INFOSYS LIMITED			2018/ W-2	440-11-0155
	ELENNVILLE D SON TX 7508		e Corrected SSN and/or name (Check g if incorrect on form previously filed	.)
			Complete boxes f and/or g only if incor	rect on form previously filed >
XAW	698848		f Employee's previously reported SSN	
<b>b</b> Employer's Fe		0.25	g Employee's previously reported name	
	58-1760	235	h Employee's first name and initial	Last name Suff.
			VENKATA R	AKULA
			911 E CAMELBACK RI	)
corrections invo	olving MQGE, see the	at are being corrected (exception: for General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	UNIT 3080 PHOENIX AZ i Employee's address and ZIP code	850146126
Previou	sly reported	Correct information	Previously reported	Correct information
1 Wages, tips, of	ther compensation	1 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	12a See instructions for box 12	12a See instructions for box 12
13 Statutory Ret	irement Third-party	13 Statutory Retirement Third-party	<sup>8</sup> C .53	<sup>8</sup> C .00
employee plan	n sick pay	employee plan sick pay	D 184.62	d D .00
14 Other (see ins	structions)	14 Other (see instructions)	<b>12c</b>   c   d	<b>12c</b>   c   a
			12d	12d
			C od d e	C od d e
		State Correction	n Information	
Previou	sly reported	Correct information	Previously reported	Correct information
15 State	,	<b>15</b> State	<b>15</b> State	<b>15</b> State
IL				
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
58-170 16 State wages,	60235 000 1 tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
	965.35	.00		
17 State income		17 State income tax	17 State income tax	17 State income tax
	26.00	.00 Locality Correct	l ion Information	
Previou	sly reported	Correct information	Previously reported	Correct information
18 Local wages,		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	<b>&gt;</b>			
	OMB No. 1545-0008				
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
INFOSYS LIMITED			2018/ w-2	440-11-0155	
	ELENNVILLE IN SON TX 7508		<ul> <li>Corrected SSN and/or name (Check g if incorrect on form previously filed</li> </ul>	·	
			Complete boxes f and/or g only if incor	rect on form <b>previously filed</b> ▶	
			f Employee's previously reported SSN		
XAW	698848				
<b>b</b> Employer's Fe	deral EIN 58-1760	235	g Employee's previously reported name		
			h Employee's first name and initial VENKATA R	Last name Suff.  AKULA	
			911 E CAMELBACK RI	)	
corrections invo	•	at are being corrected (exception: for General Instructions for W-2 and W-3, N-2c, boxes 5 and 6).	UNIT 3080 PHOENIX AZ i Employee's address and ZIP code	850146126	
Previou	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, of	ther compensation	1 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	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c	
			12d	12d	
			d d e	C od e	
		State Correction	n Information	L	
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
PA					
Employer's sta	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
1883 .		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	
<b>.</b>	, ,	3 , 1 ,	<b>3</b> 7 1 7	3 7 1 7	
17 State income	tax	17 State income tax	17 State income tax	17 State income tax	
		Locality Correct			
	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	)	20 Locality name	20 Locality name	20 Locality name	

44444	For Official Use Only OMB No. 1545-0008	<b>&gt;</b>			
a Employer's na	me, address, and ZIP coo	le	c Tax year/Form corrected	d Employee's correct SSN	
INFOSYS LIMITED			2018/ W-2	440-11-0155	
2400N GLENNVILLE DR C150			e Corrected SSN and/or name (Check		
RICHARI	SON TX 7508	32	g if incorrect on form previously filed Complete boxes f and/or g only if incor	·	
			f Employee's previously reported SSN	rect on form previously filed	
XAW	698848				
<b>b</b> Employer's Fe	deral EIN 58-1760	235	g Employee's previously reported name		
			h Employee's first name and initial  VENKATA R	Last name Suff.  AKULA	
			911 E CAMELBACK RI	L	
Note. Only con	nplete money fields tha	at are being corrected (exception: for	UNIT 3080	,	
	•	General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	PHOENIX AZ i Employee's address and ZIP code	850146126	
	sly reported	Correct information	Previously reported	Correct information	
1 Wages, tips, o	ther compensation	1 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	12a See instructions for box 12	12a See instructions for box 12	
13 Statutory employee plan	irement Third-party n sick pay	13 Statutory Retirement Third-party employee plan sick pay	12b	12b	
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c	
			12d	12d	
			e	e	
		State Correction	n Information	•	
	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number	
1883 16 State wages,		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			
	sly reported	Correct information	Previously reported	Correct information	
18 Local wages,		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	

## **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.