44444	For Official Use Only OMB No. 1545-0008	· >		
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN
NTT DATA INC			2018/ W-2	805-56-8770
	Y SQUARE MA 02129		 Corrected SSN and/or name (Check g if incorrect on form previously filed 	
DOSTON	MA 02129		Complete boxes f and/or g only if incor	·
			f Employee's previously reported SSN	
LAD	019330			
b Employer's Fe	deral EIN 04-2437	166	g Employee's previously reported name	
			h Employee's first name and initial	Last name Suff.
			RAGHUVEER REDDY	POTHADI
Nete Only con	anlata manay fialda th	at are being compated (averaging for	516 BARTON CREEK D	OR .
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).	APT #D CHARLOTTE NC i Employee's address and ZIP code	28262
	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 securit	89922.33 ty wages	96098.22 3 Social security wages	4697.80 4 Social security tax withheld	6064.10 4 Social security tax withheld
5 M-4:	89922.33	96098.22	5575.18	5958.09
5 Medicare wa	•	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
7 Social securit	89922.33 ty tips	96098.22 7 Social security tips	1303.87 8 Allocated tips	1393.42 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 employee plan sick pay	12b	12b
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c
			12d	12d
			C od de e	C c d d e
		State Correction	n Information	
Previou	sly reported	Correct information	Previously reported	Correct information
15 State		15 State	15 State	15 State
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
TOTAL 16 State wages,	STATE tips_etc	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
				• • • • • • • • • • • • • • • • • • • •
17 State income		17 State income tax	17 State income tax	17 State income tax
3901.57 4246.57 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)	20 Locality name	20 Locality name	20 Locality name

44444	For Official Use Only OMB No. 1545-0008	· >		
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN
NTT DAT			2018/ W-2	805-56-8770
100 CITY SQUARE BOSTON MA 02129			 Corrected SSN and/or name (Check g if incorrect on form previously filed 	
DODION	MA UZIZJ		Complete boxes f and/or g only if incor	·
			f Employee's previously reported SSN	. ,
LAD	019330			
b Employer's Fe	deral EIN 04-2437	166	g Employee's previously reported name	
	04-2437	100	h Employee's first name and initial	Last name Suff.
			RAGHUVEER REDDY	POTHADI
			516 BARTON CREEK I	DR
•	•	at are being corrected (exception: for	APT #D	
		General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	CHARLOTTE NC i Employee's address and ZIP code	28262
	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	89922.33 ty wages	96098.22 3 Social security wages	4697.80 4 Social security tax withheld	6064.10 4 Social security tax withheld
	89922.33	96098.22	5575.18	5958.09
5 Medicare wa		5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
- 0 : 1	89922.33	96098.22	1303.87	1393.42
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 employee plan sick pay	12b	12b
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c
			12d	12d
			C o d e	C o d e
D		State Correction		
15 State	sly reported	Correct information 15 State	Previously reported 15 State	Correct information 15 State
		To oldio	- Oldio	10 State
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
16 State wages,	STATE tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
4= 0: : :		4-0	4 - 0:	47.0
17 State income		17 State income tax	17 State income tax	17 State income tax
3901.57 4246.57 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	•	20 Locality name	20 Locality name	20 Locality name

44444	For Official Use Only OMB No. 1545-0008	▶		
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN
a Employor o Hamo, address, and Elifebook		ŕ	, ,	
NTT DAT			2018/ w-2	805-56-8770
	TY SQUARE		e Corrected SSN and/or name (Check	·
BOSTON	MA 02129		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
LAD	019330		. ,	
b Employer's Fe	deral EIN 04-2437	166	g Employee's previously reported name	
	04-2437	100	h Employee's first name and initial	Last name Suff.
			RAGHUVEER REDDY	POTHADI
			516 BARTON CREEK I	LL
Note. Only con	nplete money fields tha	at are being corrected (exception: for	APT #D	
	olving MQGE, see the Instructions for Form \	General Instructions for W-2 and W-3, W-2c, boxes 5 and 6).		28262
	sly reported	Correct information	Previously reported	Correct information
1 Wages, tips, or	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
3 Social securit	89922.33	96098.22 3 Social security wages	4697.80 4 Social security tax withheld	6064.10 4 Social security tax withheld
3 Social Securi	, 3	, 3	ĺ	,
5 Medicare was	89922.33 ges and tips	96098.22 5 Medicare wages and tips	5575.18 6 Medicare tax withheld	5958.09 6 Medicare tax withheld
	89922.33	96098.22	1303.87	1393.42
7 Social securit		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
			o d e	o d e
			12d c a	12d C d d
			d e	d e
		State Correction	n Information	
Previou	sly reported	Correct information	Previously reported	Correct information
15 State		15 State	15 State	15 State
NC				
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
10102		40 Chata warne time at	40 Chata warne ties at	46 State was a time at
16 State wages,	•	16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
17 State income	44209.58 tax	50385.47 17 State income tax	17 State income tax	17 State income tax
	2235.00	2580.00		
Locality Correction Information				
	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

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a Employer's na	OMB No. 1545-0008 me, address, and ZIP coo	de	c Tax year/Form corrected	d Employee's correct SSN
a Employer's Hame, address, and zir code			,	
NTT DAT	'A INC		2018/ W-2	805-56-8770
	Y SQUARE		e Corrected SSN and/or name (Check	
BOSTON	MA 02129		g if incorrect on form previously filed	·
			Complete boxes f and/or g only if incor	rect on form previously filed
LAD	019330		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	Last name Suff.
			RAGHUVEER REDDY	POTHADI
			516 BARTON CREEK I	DR
•	•	at are being corrected (exception: for	APT #D	
		General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	CHARLOTTE NC i Employee's address and ZIP code	28262
	sly reported	Correct information	Previously reported	Correct information
	ther compensation	1 Wages, tips, other compensation	2 Federal income tax withheld	2 Federal income tax withheld
	89922.33	96098.22	4697.80	6064.10
3 Social securit		3 Social security wages	4 Social security tax withheld	4 Social security tax withheld
	89922.33	96098.22	5575.18	5958.09
5 Medicare wa	ges and tips	5 Medicare wages and tips	6 Medicare tax withheld	6 Medicare tax withheld
7 Social securit	89922.33	96098.22 7 Social security tips	1303.87 8 Allocated tips	1393.42 8 Allocated tips
, cociai securi	ty upo	2 Coolai Sociity aps	b Allocated tips	o / moduled ups
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 employee plan sick pay	12b	12b
14 Other (see ins	structions)	14 Other (see instructions)	12c	12c
			d e	0 d e
			12d C d d	12d
			e e	d e
		State Correction	l on Information	
Previou	sly reported	Correct information	Previously reported	Correct information
15 State		15 State	15 State	15 State
NC				
Employer's st	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
101028		16 State wages, tips, etc.	16 State wages, tips, etc.	16 State wages, tips, etc.
To State wages,	, .		To State wages, tips, etc.	To Glate wages, tips, etc.
17 State income	44209.58 tax	50385.47 17 State income tax	17 State income tax	17 State income tax
	2235.00	2580.00		
Locality Correction Information				
	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

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a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN	
NTT DATA INC			2018/ w-2	805-56-8770	
100 CITY SQUARE BOSTON MA 02129			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	
LAD	019330		f Employee's previously reported SSN		
b Employer's Fe	deral EIN 04-2437	166	g Employee's previously reported name		
	01-213/	100	h Employee's first name and initial RAGHUVEER REDDY	Last name Suff. POTHADI	
			516 BARTON CREEK I	¹ DR	
corrections invo	•	at are being corrected (exception: for General Instructions for W-2 and W-3, W-2c, boxes 5 and 6).	APT #D CHARLOTTE NC i Employee's address and ZIP code	28262	
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	
	89922.33	96098.22	4697.80	6064.10	
Social securit	, ,	3 Social security wages	4 Social security tax withheld	4 Social security tax withheld	
5 Medicare wa	89922.33 ges and tips	96098.22 5 Medicare wages and tips	5575.18 6 Medicare tax withheld	5958.09 6 Medicare tax withheld	
	89922.33	96098.22	1303.87	1393.42	
7 Social securit		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	
			C 0 d e e	C 0 d e e	
		State Correction	n Information		
Previou	sly reported	Correct information	Previously reported	Correct information	
15 State		15 State	15 State	15 State	
VT	ate ID number	Employaria stata ID number	Employer's state ID number	Employar's state ID number	
		Employer's state ID number	Employer's state ID number	Employer's state ID number	
16 State wages,	080842 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				
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	· >		
a Employer's na	me, address, and ZIP cod	de	c Tax year/Form corrected	d Employee's correct SSN
NTT DATA INC			2018/ W-2	805-56-8770
	Y SQUARE MA 02129		 Corrected SSN and/or name (Check g if incorrect on form previously filed 	
BOSTON	MA 02129		Complete boxes f and/or g only if incor	<u> </u>
			f Employee's previously reported SSN	
LAD	019330			
b Employer's Fe			g Employee's previously reported name	
	04-2437	166	b Familian 2 fort and a district	10.#
			h Employee's first name and initial RAGHUVEER REDDY	Last name Suff. POTHADI
				L
Note. Only con	nplete money fields that	at are being corrected (exception: for	516 BARTON CREEK I APT #D	JR.
corrections invo	olving MQGÉ, see the	General Instructions for Forms W-2 for Form W-2c, boxes 5 and 6).	CHARLOTTE NC i Employee's address and ZIP code	28262
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
2 Casial assumi	89922.33	96098.22	4697.80 4 Social security tax withheld	6064.10 4 Social security tax withheld
Social securit	,	3 Social security wages	,	,
5 Medicare wa	89922.33 ges and tips	96098.22 5 Medicare wages and tips	5575.18 6 Medicare tax withheld	5958.09 6 Medicare tax withheld
	89922.33	96098.22	1303.87	1393.42
7 Social securit		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 employee plan sick pay	12b	12b C
14 Other (see ins	tructions)	14 Other (see instructions)	12c	12c
			12d	12d
			C d e	C o d e
		Chata Camaria	I	
Dreviou	sly reported	State Correction Correct information	n Information Previously reported	Correct information
15 State	asy reported	15 State	15 State	15 State
VT				
	ate ID number	Employer's state ID number	Employer's state ID number	Employer's state ID number
	080842	40 Chata was as a time at	40 Chata was as a time at	46 65-4-
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 Correction Information				
	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.