	. 1. 1. 1. 1.	For Official Use Only	,						
١	14444 OMB No. 1545-0008								
a Employer's name, address, and ZIP code						Tax year/Form corrected	d Emplo	yee's correct SSN	
Northern Trust Company									
50 South LaSalle Street Chicago, IL 60603						2023 _{/ W-2}	879-61-5066		
Chicago, IL 60603					e Corrected SSN and/or name. (Check this box and complete boxes f and/or				
					g if incorrect on form previously filed.)				
ľ					Complete boxes f and/or g only if incorrect on form previously filed:				
ļ					f Employee's previously reported SSN				
b Employer identification number (EIN)						g Employee's previously reported name			
36-1561860									
					h	h Employee's name, address, and ZIP code			
						Pavan Kumar Thaduvai			
						1728 Windward Avenue			
No	te: Only com	anlete money fields th	at ai	re being corrected. (Exception: for	ľ	Naperville, IL 60563			
				neral Instructions for Forms W-2	ı				
				Form W-2c, boxes 5 and 6).	ı				
	Previou	sly reported		Correct information		Previously reported	Co	rrect information	
1		other compensation	1	Wages, tips, other compensation	2	Federal income tax withheld		al income tax withheld	
	J, -, -, -, -, -, -, -, -, -, -, -, -,			3, ap,					
3	Social securit	y wages	3	Social security wages	4	Social security tax withheld	4 Social	security tax withheld	
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5	Medicare wag	es and tips	5	Medicare wages and tips	6	Medicare tax withheld	6 Medic	are tax withheld	
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7	Social securit	v tins	7	Social security tips	R	Allocated tips	8 Alloca	ted tins	
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			Ŭ		ľ	Dependent care benefits	то верен	dent date benefits	
11	Nonqualified (nlans	11	Nonqualified plans	122	a See instructions for box 12	12a See in	structions for box 12	
	Nonquamica į	Jians	l	Nonqualified plans	C od		C C		
13	Statutory F	Retirement Third-party	13	Statutory Retirement Third-party	≗ 12b	,	<u> </u>		
ĺ	employee p	olan sick pay		employee plan sick pay	Cod	, I	C		
1/1	Other (see ins	tructions)	14	Other (see instructions)	ੂੰ 120		<u> </u>		
'-	Other (See Ins	di delloris)	'-	Other (see instructions)	Cod	′	C		
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State Correction Previously reported Correct information						Previously reported Correct information			
46		isiy reported	45		45			irect information	
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	⊏mployer's st	ate ID number		Employer's state ID number	1	Employer's state ID number	⊨mplo	yer's state ID number	
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16	State wages,	tips, etc.	16	State wages, tips, etc.	116	State wages, tips, etc.	16 State	wages, tips, etc.	
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17 State income tax 17 State income tax 1				17	State income tax	17 State i	ncome tax		
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Previously 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.	
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Notice to Employee

This is a corrected Form W-2 (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 1040-X 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. Attach an original or amended Form 8959 to Form 1040 or 1040-X, 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, the Commonwealth of the Northern Mariana Islands, Guam, or the U.S. Virgin Islands should contact their local taxing authority for more information.

Future developments. For the latest information about Form W-2c and its instructions, such as legislation enacted after we release them, go to *www.irs.gov/FormW2c*.

W-2c