

Form **W-2 Wage and Tax Statement 2020**

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|---|----------------------------|---|--|--|
| c Employer's name, address, and ZIP code HARRIS COUNTY HOSPITAL DIST P.O. BOX 66769 HOUSTON TX 77266-6769 | | 7 Social security tips | 1 Wages, tips, other compensation 58847.63 | 2 Federal income tax withheld 3220.32 |
| e Employee's name, address, and ZIP code HICHAM REHANE 2019 WATERELM DRIVE HOUSTON TX 77084 | | 8 Allocated tips | 3 Social security wages 63400.09 | 4 Social security tax withheld 3930.81 |
| | | 9 | 5 Medicare wages and tips 63400.09 | 6 Medicare tax withheld 919.30 |
| | | 10 Dependent care benefits | 11 Nonqualified plans | 12a See instructions for box 12 C 138.92 |
| | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> | 14 Other | 12b D 4552.46 |
| | | b Employer identification number (EIN) 74-1536936 | | 12c DD 18557.11 |
| | | a Employee's social security number XXX-XX-4676 | | 12d |
| 15 State | Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. |
| | | | | 19 Local income tax |
| | | | | 20 Locality name |

Copy B-To Be Filed With Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

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Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008 **Dept. of the Treasury - IRS** Visit the IRS website at www.irs.gov/efile.

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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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