Form W -	-2 Wage and Tax Statement	7 Social security tips		1 Wages, tips, other compensation 49229.92		2 Federal in	come tax withheld 4905.48		
c Employer's name, address, and ZIP code				8 Allocated tips		3 Social security wages		4 Social security tax withheld	
CHILDREN'S HOSP. MED. CTR. 3333 BURNET AVENUE				9		49229.92 5 Medicare wages and tips		6 Medicare t	3052.26 ax withheld
CINCINNATI OH 45229-3039				10 Dependent care benefits		49229.92 11 Nonqualified plans		12a See ins	713.83 tructions for box 12
- F	ala a sura a delucara and 710 and			,	narty	, ,		C 12b	50.32
e Employee's name, address, and ZIP code				13 Statutory Retirement Plan Sick p	ay	14 Other		© W	187.50
RAJESH KUMAR KASAM 235 LORAINE AVENUE APT#04				b Employer identification numbe $31-0833936$	r (EIN)			12c DD	9502.99
CINCINNATI OH 45220				a Employee's social security nur	nber	1		12d	7002.77
				822-88-8951				ė	
15 State OH	Employer's state ID number 51139461	16 State wages, tips, etc. 49229	.92	17 State income tax 1238.73	18 Lo	ocal wages, tips, etc. 49229.92	19 Local in	come tax 997.'	20 Locality name 76 CINCIN
Conv B	 B-To Be Filed With Employee's FEI	DERAL Tay Return		This information is being furnished t	n the Int	ernal Revenue Service		Dept. of	f the Treasury - IRS
000, 2				3		OMB No. 1545-0008			S website at www.irs.gov/efi
					This in neglige	nformation is being furnished to the ence penalty or other sanction may	be imposed on	you if this income	is taxable and you fail to report it
Form W-2 Wage and Tax Statement 2020				7 Social security tips		1 Wages, tips, other compensation 49229.92		2 Federal income tax withheld 4905.48	
c Employer's name, address, and ZIP code			8 Allocated tips		3 Social security wages 49229.92		4 Social sec	urity tax withheld 3052.26	
CHILDREN'S HOSP. MED. CTR. 3333 BURNET AVENUE			9		5 Medicare wages and tips		6 Medicare tax withheld		
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e Employee's name, address, and ZIP code			13 Statutory Retirement Third-party sick pay		14 Other		12b	50.32	
RAJESH KUMAR KASAM				×				₩ 12c	187.50
235 LORAINE AVENUE APT#04			b Employer identification number (EIN) 31-0833936				DD	9502.99	
CINCINNATI OH 45220			a Employee's social security number 822-88-8951				12d		
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Form W-2 Wage and Tax Statement 2020				7 Social security tips		1 Wages, tips, other compensation 49229.92		2 Federal income tax withheld 4905.48	
© Employer's name, address, and ZIP code CHILDREN'S HOSP. MED. CTR. 3333 BURNET AVENUE CINCINNATI OH 45229-3039			8 Allocated tips		3 Social security wages 49229.92		4 Social security tax withheld		
			9		5 Medicare wages and tips		3052.26 6 Medicare tax withheld		
			10 Dependent care benefits		11 Nonqualified plans	229.92	12a	713.83	
e Employe	ee's name, address, and ZIP code			13 Statutory Retirement Third- employee plan Sick p	party	14 Other		12b	50.32
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			31-0833936				DD	9502.99	
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Copy 2	-To Be Filed With Employee's Stat	e, City, or Local In	come	Tax Return	ON	MB No. 1545-0008	l	Dept. of	the Treasury - IRS
		3030		7 Social security tips		1 Wages, tips, other comp	ensation	2 Federal in	come tax withheld
Form W-2 Wage and Tax Statement 2020 c Employer's name, address, and ZIP code				8 Allocated tips		49229.92 3 Social security wages		4905.48 4 Social security tax withheld	
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e Employee's name, address, and ZIP code RAJESH KUMAR KASAM 235 LORAINE AVENUE APT#04				13 Statutory Retirement Third sick p	party ay	14 Other		12b W	187.50
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