

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

c Employer's name, address, and ZIP code CHILDREN'S HOSP. MED. CTR. 3333 BURNET AVENUE CINCINNATI OH 45229-3039		7 Social security tips	1 Wages, tips, other compensation 49229.92	2 Federal income tax withheld 4905.48	
e Employee's name, address, and ZIP code RAJESH KUMAR KASAM 235 LORAIN AVENUE APT#04 CINCINNATI OH 45220		8 Allocated tips	3 Social security wages 49229.92	4 Social security tax withheld 3052.26	
		9	5 Medicare wages and tips 49229.92	6 Medicare tax withheld 713.83	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 50.32	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>	14 Other	12b W 187.50	
		b Employer identification number (EIN) 31-0833936		12c DD 9502.99	
		a Employee's social security number 822-88-8951		12d	
15 State OH Employer's state ID number 51139461	16 State wages, tips, etc. 49229.92	17 State income tax 1238.73	18 Local wages, tips, etc. 49229.92	19 Local income tax 997.76	20 Locality name CINCIN

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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