

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 37976.11	2 Federal income tax withheld 3420.21	
		8 Allocated tips	3 Social security wages	4 Social security tax withheld	
		9	5 Medicare wages and tips	6 Medicare tax withheld	
		10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 E 1190.44	
e Employee's name, address, and ZIP code GOUSIA BEGUM 3433 CLIFTON AVE APT 100 CINCINNATI OH 45220		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	14 Other	12b DD 5120.44	
		b Employer identification number (EIN) 31-0833936		12c	
		a Employee's social security number 102-49-9047		12d	
15 State OH Employer's state ID number 51139461	16 State wages, tips, etc. 37976.11	17 State income tax 849.89	18 Local wages, tips, etc. 39166.55	19 Local income tax 795.27	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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