

Form **W-2 Wage and Tax Statement** 2021

c Employer's name, address, and ZIP code NYC HEALTH & HOSPITALS CORP SERVICES, BLDG #4,11TH FL 1400 PELHAM PARKWAY BRONX NY 10461		7 Social security tips	1 Wages, tips, other comp. 79380.36	2 Federal income tax withheld 12703.51	
e Employee's name, address, and ZIP code VENKATESH SREERAM 2171 MADISON AVENUE, APT 8G NEW YORK NY 10037		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 C 72.00	
13 Statutory employee Retirement plan Third-party sick pay b Employer identification number (EIN) 13-2655001 a Employee's social security no. 689-39-8629		14 Other NY PFL 385.34 GLg1ML 3598.50	12b BB 4373.85	12c DD 24796.54	
		12d			
		15 State Employer's state I.D. no. NY 132655001	16 State wages, tips, etc. 79380.36	17 State income tax 4060.44	18 Local wages, tips, etc. 79380.36

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 Web Site 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 back of Copy B) OMB No. 1545-0008 **Dept. of the Treasury - IRS**

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