

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

c Employer's name, address, and ZIP code HEALTH CARE SERVICE CORP. 300 E. RANDOLPH ST. PAYROLL DEPARTMENT, 38TH FLOOR CHICAGO IL 60601		7 Social security tips	1 Wages, tips, other compensation 2378.76	2 Federal income tax withheld 253.62				
e Employee's name, address, and ZIP code ANAND KUMAR TEEGALA 8101 TOWNE MAIN DR APT 923 PLANO TX 75024		8 Allocated tips	3 Social security wages 2378.76	4 Social security tax withheld 147.48				
		9	5 Medicare wages and tips 2378.76	6 Medicare tax withheld 34.49				
		10 Dependent care benefits	11 Nonqualified plans 0.00	12a See instructions for box 12				
		13 <table border="1"> <tr> <td>Statutory employee</td> <td>Retirement plan</td> <td>Third-party sick pay</td> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> </table>	Statutory employee	Retirement plan	Third-party sick pay		<input checked="" type="checkbox"/>	
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b Employer identification number (EIN) 36-1236610		12c						
a Employee's social security number XXX-XX-6567		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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