

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

c Employer's name, address, and ZIP code
 CHILDREN'S HOSP. MED. CTR.
 3333 BURNET AVENUE
 CINCINNATI OH 45229-3039

e Employee's name, address, and ZIP code
 RAJESH KUMAR KASAM
 235 LORAIN AVENUE APT#04
 CINCINNATI OH 45220

7 Social security tips	1 Wages, tips, other comp. 51897.90	2 Federal income tax withheld 5351.07
8 Allocated tips	3 Social security wages 51897.90	4 Social security tax withheld 3217.67
9	5 Medicare wages and tips 51897.90	6 Medicare tax withheld 752.52
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 55.44
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b W 1087.50
b Employer identification number (EIN) 31-0833936		12c DD 10415.90
a Employee's social security no. 822-88-8951		12d
15 State Employer's state I.D. no. OH 51139461	16 State wages, tips, etc. 51897.90	17 State income tax 1321.64
	18 Local wages, tips, etc. 51897.90	19 Local income tax 934.14
		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 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)

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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