| orm W-2 Wage and Tax Statement 7 Social security fips Employer's name, address, and ZIP code 8 Allocated tips THE GENERAL HOSPITAL CORP 9 CENTRAL PAYROLL 399 REVOLUTION DRIVE STE 715 10 Dependent care to  |   | insation                  |                       |                                 |  |
|--|---|---------------------------|-----------------------|---------------------------------|--|
| Employer's name, address, and ZIP code  THE GENERAL HOSPITAL CORP  CENTRAL PAYROLL  399 REVOLUTION DRIVE STE 715   |   | 37.92                     | 2 Federal Income      | 1609.27                         |  |
| CENTRAL PAYROLL STESTES 7.1-5 - 10 Dependent care to   | 3 Social security-wages   |                           | 4 Social security t   | ax withheld                     |  |
| 399 REVOLUTION DRIVE STE 715 = 10 Dependent care to  | 5 Medicare wages and th   | P\$         =             | 6 Medicare tax wit    | hheld                           |  |
|  | benefits  | HEHEHEH                   | 12a _ n _ n _ n       |                                 |  |
| SOMERVITTE MA 02145  | on number (EIN)       14 Other-                                   | n-n=n-n                   | 12b —                 | <u></u>                         |  |
|  | 697983 MAPFML   | 26.64                     | 120 - 1 - 1 - 1       |                                 |  |
|  | 49-1453   | HEHEHEH                   | FHEHEHE!              | HEHEHEHE                        |  |
| SOMERVILLE MA 02145  | smera   Trace-pany  |                           | 12d                   | TELLEUEUE                       |  |
| State  | 1 18 Local Wages: lips, etc.                                      | -19 Local Income          | CDAY = D = D =        | 20 Locality name —              |  |
|  |   |                           |                       |                                 |  |
| py 2—To Be Filed With Employee's State, City, or Local Income Tax Return   |   | n = n = Pe                | pt. of the Treas      | ury IRS                         |  |
| OMB No. 1545-0008 7 Social security tips   |   |                           | 2 Federal income      |                                 |  |
| m W-2 Wage and Tax Statement B Allocated tips  8 Allocated tips  | 2 0 4   | 137.92                    | 4 Social security t   | 1609.2                          |  |
| THE GENERAL HOSPITAL CORP  | , ,   |                           | 6 Medicare tax wi     |                                 |  |
| CENTRAL PAYROLL  | 5 Medicare wages and ti   | ps                        | 12a                   | umeio                           |  |
| 399 REVOLUTION DRIVE STE 715 SOMERVILLE MA 02145   | benefits 11 Nonqualified plans                                    | 11 Nonqualified plans     |                       |                                 |  |
| mployee's name, address, and ZIP code b Employer identification 0.4 - 2.   | 697983 MAPFML   | 26.64                     | 12b                   |                                 |  |
| SRINATH IYER a Employee's social se  |   |                           | 12c                   |                                 |  |
| APT 2  |   |                           | 12d                   |                                 |  |
| SOMERVILLE MA 02145  |   |                           |                       |                                 |  |
| State         Employer's state ID number         16 State wages, tips, etc.         17 State income tax           MAI         04269798300         20437.92         102   | 1.93 18 Local wages, tips, etc.                                   | 19 Local income           | tax                   | 20 Locality name                |  |
| any 2 To Be Filed with Employee's State City or Lead Income Tay Batus  |   |                           |                       | 100                             |  |
| opy—2 To Be Filed with Employee's State, City, or Local Income Tax Return is information is being furnished to the internal Revenue Service. If you are required to life a tax return, a gligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.  OMB No. 1545-0008  |   | Dep                       | ot. of the Treasu     | iry - IRS                       |  |
| rm W-2 Wage and Tax Statement 2021 7 Social security tips  |   | 37.92                     | 2 Federal income ta   | 1609.27                         |  |
| Employer's name, address, and ZIP code 8 Allocated tips  | 3 Social security wages   |                           | 4 Social security tax |                                 |  |
| THE GENERAL HOSPITAL CORP  | 5 Medicare wages and tip  | 11 Nonqualified plans     |                       | held                            |  |
| CENTRAL PAYROLL 399 REVOLUTION DRIVE STE 715  10 Dependent care to   | benefits 11 Nonqualified plans                                    |                           |                       | 12a See instructions for box 12 |  |
| SOMERVILLE MA 02145  Employee's name, address, and ZIP code b Employer identification b Employer | on number (EIN) 14 Other  |                           |                       | 12b                             |  |
| SRINATH IYER 04-2  | 697983 MAPFML   | 26.64                     | 120                   |                                 |  |
| 1 DELL ST 050-   | 49-1453   |                           |                       |                                 |  |
| APT 2<br>SOMERVILLE MA 02145   | rement. Third-party alck pay                                      |                           | 12d                   |                                 |  |
| 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                |  |
| MAJ 04269798300 20437.92 102   | 21.93   |                           |                       |                                 |  |
| py C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)  |   |                           | Dept. of the          | Treasury - IRS                  |  |
| OMB No. 1545-0008  |   |                           |                       |                                 |  |
| m W-2 Wage and Tax Statement 2021 7 Social security tips   |   | 437.92                    | 2 Federal income      | tax withheld 1609.2             |  |
| mployer's name, address, and ZIP code 8 Allocated tips   | 3 Social security wages   |                           |                       | tax withheld                    |  |
| THE GENERAL HOSPITAL CORP  | 5 Medicare wages and ti   | 5 Medicare wages and tips |                       | 6 Medicare tax withheld         |  |
| CHOULDAL DAVELLI.  | benefits 11 Nonqualified plans                                    | 11 Nonqualified plans     |                       | 12a See instructions for box 12 |  |
| 399 REVOLUTION DRIVE STE 715 10 Dependent care in  |   |                           | 12b                   |                                 |  |
| 399 REVOLUTION DRIVE STE 715 10 Dependent care   | ion number (EIN) 14 Other   | MAPFML 26.64              |                       |                                 |  |
| 399 REVOLUTION DRIVE STE 715 SOMERVILLE MA 02145  pployee's name, address, and ZIP code  b Employer identification of 4-2  | 2697983 MAPFML  | 26.64                     | d e                   |                                 |  |
| 399 REVOLUTION DRIVE STE 715  SOMERVILLE MA 02145  nployee's name, address, and ZIP code  SRINATH IYER  1 DELL ST  10 Dependent care to be Employer identification of the control of the c | 2697983 MAPFML<br>ecurity number<br>-49-1453                      | 26.64                     | 12c                   |                                 |  |
| SOMERVILLE MA 02145         b Employer identification           mployee's name, address, and ZIP code         b Employer identification           SRINATH IYER         a Employee's social strength           1 DELL ST         050 -           APT 2         13 Statutory Better amployee's manufactory   | 2697983 MAPFML  | 26.64                     | 12c                   |                                 |  |
| 399 REVOLUTION DRIVE STE 715   10 Dependent care to SOMERVILLE MA 02145   10 Dependent care to SOMERVILLE MA 02145   10 Dependent care to SRINATH IYER   | 2697983<br>Jecurity number<br>-49-1453<br>Third-party<br>each pay |                           | 12d                   |                                 |  |
| 399 REVOLUTION DRIVE STE 715   10 Dependent care is SOMERVILLE MA 02145   10 Dependent care is SOMERVILLE MA 02145   10 Dependent care is SRINATH IYER   1 DELL ST   | 2697983 MAPFML<br>ecurity number<br>-49-1453                      | 26.64                     | 12d                   | 20 Locality name                |  |