| Form W-2 Wage and Tax Statement 2021   | 7 Social security tips  | 1 Wages, tips, other compensation<br>96106.88  | 2 Federal income tax withheld<br>15491.64                                 |  |
|--|---|--|---|--|
| c Employer's name, address, and ZIP code<br>NOVANT HEALTH CORPORATE  | 8 Allocated tips  | 3 Social security wages<br>97385.98  | 6 Medicare tax withheld   |  |
| NOVANT HEALTH CORPORATE (001)  | 9   | 5 Medicare wages and tips<br>97385.98  |   |  |
| 2085 FRONTIS PLAZA BOULEVARD   | 10 Dependent care benefits  | 11 Nonqualified plans  | 12a See instructions for box 12   |  |
| WINSTON-SALEM NC 27103   |   |  | C 33.95   |  |
| e Employee's name, address, and ZIP code   | 13 Statutory Retirement Third-party<br>plan sick pay  | 14 Other   | 12b<br>E 1279.10  |  |
| HEMANTH SATISH KUMAR<br>11319 CHAPECLANE RD<br>CHARLOTTE NC 28278  | b Employer identification number (EIN<br>56-1376950<br>a Employee's social security number<br>837-51-0853 |  | 12c           DD         9509.76           12d                            |  |
| 15 State         Employer's state ID number         16 State wages, tips, et           NC         060061462         9610 | etc. <b>17</b> State income tax <b>18</b><br>06.88 4488.00  | Local wages, tips, etc. 19 Local in  | come tax 20 Locality name   |  |
| Copy B-To Be Filed With Employee's FEDERAL Tax Return  | rn This information is being furnished to the   | Internal Revenue Service.<br>OMB No. 1545-0008   | Dept. of the Treasury - IRS<br>Visit the IRS website at www.irs.gov/efile |  |
|  |   | is information is being furnished to the Internal Revenu<br>gligence penalty or other sanction may be imposed on |   |  |
| www.2 Wage and Tax Statement 2021  | 7 Social security tips  | 1 Wages, tips, other compensation  | 2 Federal income tax withheld   |  |

| Form W-2 Wage and Tax Statement   | 5057                                   | 7 Social security lips                          | 961                          | 106.88   |           | 15491.64                           |  |
|---|--|---|------------------------------|--|-----------|------------------------------------|--|
| c Employer's name, address, and ZIP code<br>NOVANT HEALTH CORPORATE   |  | 8 Allocated tips                                | 3 Social security wages      | 3 Social security wages 4 S<br>97385.98                        |           | urity tax withheld 6037.93         |  |
| NOVANT HEALTH CORPORATE (001)<br>2085 FRONTIS PLAZA BOULEVARD<br>WINSTON-SALEM NC 27103                                     |  | 9   |                              | 5 Medicare wages and tips<br>97385.98<br>11 Nonqualified plans |           | 6 Medicare tax withheld<br>1412.10 |  |
|   |  | 10 Dependent care benefits                      | <b>11</b> Nonqualified plans |  |           | ructions for box 12<br>33.95       |  |
| e Employee's name, address, and ZIP code<br>HEMANTH SATISH KUMAR  |  | 13 Statutory Retirement Third-p<br>plan sick pa | arty<br>y <b>14</b> Other    |  | 12b<br>ើE | 1279.10                            |  |
| 11319 CHAPECLANE RD<br>CHARLOTTE NC 28278   |  | b Employer identification number 56-1376950     | (EIN)                        |  |           | 9509.76                            |  |
|   |  | a Employee's social security num<br>837-51-0853 | ber                          |  |           |                                    |  |
| 15 State         Employer's state ID number           NC         060061462  | 16 State wages, tips, etc.<br>96106.88 | 17 State income tax<br>4488.00                  | 18 Local wages, tips, etc.   | 19 Local inc   | ome tax   | 20 Locality name                   |  |
| 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.

|  | 7 Social security tips                       | 1 Wages, tips, other compensation     | 2 Federal income tax withheld      |                  |
|--|--|---------------------------------------|------------------------------------|------------------|
| Form W-2 Wage and Tax Statement 2021                           |  | 96106.88                              | 15491.64                           |                  |
| C Employer's name, address, and ZIP code                       | 8 Allocated tips                             | 3 Social security wages<br>97385.98   | 4 Social security tax withheld     |                  |
| NOVANT HEALTH CORPORATE  |  |                                       |                                    | 6037.93          |
| NOVANT HEALTH CORPORATE (001)                                  | 9  | 5 Medicare wages and tips<br>97385.98 | 6 Medicare tax withheld<br>1412.10 |                  |
| 2085 FRONTIS PLAZA BOULEVARD                                   | <b>10</b> Dependent care benefits            | 11 Nongualified plans                 | 12a                                |                  |
| WINSTON-SALEM NC 27103   |  |                                       | <sup>c</sup> C                     | 33.95            |
| e Employee's name, address, and ZIP code                       | 13 Statutory Retirement Third-party sick pay | 14 Other                              | <mark>ូ12b</mark>                  | 1070 10          |
| HEMANTH SATISH KUMAR   |  |                                       | E E                                | 1279.10          |
| 11319 CHAPECLANE RD  | b Employer identification number (EIN        | 1)                                    | 12c                                | 9509.76          |
|  | 56-1376950                                   |                                       | DD                                 | 9509.70          |
| CHARLOTTE NC 28278   | a Employee's social security number          |                                       | _12d                               |                  |
|  | 837-51-0853                                  |                                       | de                                 |                  |
| 15 State Employer's state ID number 16 State wages, tips, etc. | 17 State income tax 18                       | Local wages, tips, etc. 19 Local ind  | come tax                           | 20 Locality name |
| NC 060061462 96106.88  | 4488.00                                      |                                       |                                    |                  |
|  |  |                                       |                                    |                  |

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OMB No. 1545-0008

Dept. of the Treasury - IRS

|   |                | 7 Social securit         | y tips                                  | <ol> <li>Wages, tips, other compensation</li> </ol> | ation     | 2 Federal incon                | ne tax withheld  |
|---|----------------|--------------------------|---|---|-----------|--------------------------------|------------------|
| Form W-2 Wage and Tax S                                       | Statement 2021 |                          |   | 9610  | 6.88      |                                | 15491.64         |
| c Employer's name, address, and ZIP code                      |                | 8 Allocated tips         |   | 3 Social security wages                             |           | 4 Social security tax withheld |                  |
| NOVANT HEALTH COR   | PORATE         |                          |   | 9738  | 5.98      |                                | 6037.93          |
| NOVANT HEALTH CORPORATE (001)<br>2085 FRONTIS PLAZA BOULEVARD |                | 9                        |   | 5 Medicare wages and tips<br>97385.98               |           | 6 Medicare tax withheld        |                  |
|   |                |                          |   |   |           | 1412.10                        |                  |
|   |                | 10 Dependent             | care benefits                           | 11 Nonqualified plans                               |           | _12a                           |                  |
| WINSTON-SALEM NC  | 27103          |                          |   |   |           | C C                            | 33.95            |
| e Employee's name, address, and ZIP code                      |                | 13 Statutory<br>employee | Retirement Third-party<br>plan sick pay | 14 Other  |           | ូ12b                           |                  |
|   |                |                          | <u> </u>                                |   |           | ° E                            | 1279.10          |
| HEMANTH SATISH KUMAR  |                | , ,                      | ntification number (EIN)                |   |           | ີ<br>20                        |                  |
| 11319 CHAPECLANE F  | RD             | 56-137                   | <u>5950</u>                             |   |           |                                | 9509.76          |
| CHARLOTTE NC 28278  |                | , ,                      | ocial security number                   |   |           | <sub>្</sub> 12d               |                  |
|   |                | 837-51                   | <u>-0853</u>                            |   |           | ode                            |                  |
|   |                |                          |   |   |           |                                |                  |
| 15 State Employer's state ID r                                |                |                          |   | ocal wages, tips, etc. 19                           | Local inc | ome tax                        | 20 Locality name |
| NC 060061462  | 96106          | .88 4                    | 1488.00                                 |   |           |                                |                  |
|   |                |                          |   |   |           |                                |                  |

FORM # LW28700