

d Control number 51476	1 Wages, tips, other compensation 32315.77	2 Federal income tax withheld 4411.46
OMB NO. 1545-0008	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address and ZIP code
PRIME HEALTHCARE SERVICES
ST MICHAELS MEDICAL CENTER LLC
111 CENTRAL AVENUE
NEWARK NJ 07102

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 6.16
12b DD 4025.56	12c	12d

b Employer identification number (EIN) 46-3487442 a Employee's social security number 396-55-5630

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other NJDIS 152.58 NJWRK 13.80 SUINJ 124.17
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e Employee's name, address and ZIP code
DIVYA THIMMAREDDYGARI
33B GARDEN TERRACE
NORTH ARLINGTON NJ 07031

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.

2021	15 State NJ	Employer's state I.D. No. 46-3487442	16 State wages, tips, etc. 32462.77
	Form W-2 Wage and Tax Statement		17 State income tax 1114.86
Copy C For EMPLOYEE'S RECORDS		18 Local wages, tips, etc. 90.90 -FLI	19 Local income tax
(See Notice to Employee on back of Copy B.)		20 Locality name	

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	Form W-2 Wage and Tax Statement		17 State income tax 1114.86
Copy B To Be Filed With Employee's FEDERAL Tax Return		18 Local wages, tips, etc. 90.90 -FLI	19 Local income tax
		20 Locality name	

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	Form W-2 Wage and Tax Statement		17 State income tax 1114.86
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return		18 Local wages, tips, etc. 90.90 -FLI	19 Local income tax
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		20 Locality name	

2021 W-2 and EARNINGS SUMMARY

Employee Reference Copy
W-2 Wage and Tax Statement 2021
Copy C for employee's records
OMB No. 1545-0048

d Control number 0000003777 UDX	Dept 801201	Corp. CYT0	Employer use only A S 36993
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c Employer's name, address, and ZIP code
NEWARK BETH ISRAEL MEDICAL CENTER
 201 LYONS AVENUE
 NEWARK, NJ 07112

e.1 Employee's name, address, and ZIP code
DIVYA MOUNISHA R THIMMAREDDYGARI
 92 BURNETT AVENUE APT 209
 MAPLEWOOD, NJ 07040

b Employer's FED ID number 22-3452311	a Employee's SSA number XXX-XX-5630
1 Wages, tips, other comp. 35170.42	2 Federal income tax withheld 4194.75
3 Social security wages 2056.04	4 Social security tax withheld 127.47
5 Medicare wages and tips 2056.04	6 Medicare tax withheld 29.81
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 12.74
14 Other 101.95 FLI 171.12 NJ SDI 153.88 UH/CWD	12b DD 4512.48 12c 12d
15 State Employer's state ID no. NJ 223-452-311/000	16 State wages, tips, etc. 36422.02
17 State income tax 1354.95	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

DIVYA MOUNISHA R THIMMAREDDYGARI
 92 BURNETT AVENUE APT 209
 MAPLEWOOD, NJ 07040

Social Security Number: XXX-XX-5630



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 201 LYONS AVENUE
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Federal Filing Copy
W-2 Wage and Tax Statement 2021
Copy B to be filed with employee's Federal Income Tax Return.
OMB No. 1545-0048

NJ. State Filing Copy
W-2 Wage and Tax Statement 2021
Copy 2 to be filed with employee's State Income Tax Return.
OMB No. 1545-0048

City or Local Filing Copy
W-2 Wage and Tax Statement 2021
Copy 2 to be filed with employee's City or Local Income Tax Return.
OMB No. 1545-0048