

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

2021

16-0331690 Department of the Treasury--Internal Revenue Service

OMB No. 1545-0008

Copy B To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

c Employer's name, address, and ZIP code WELLSTAR HEALTH SYSTEM 793 SAWYER RD MARIETTA GA 30062		7 Social security tips	1 Wages, tips, other compensation 92261.74	2 Federal income tax withheld 7904.14
e Employee's name, address, and ZIP code Swathy E. Palis 3155 BAYONET COURT MARIETTA GA 30068		8 Allocated tips	3 Social security wages 100832.22	4 Social security tax withheld 6251.60
		9	5 Medicare wages and tips 100832.22	6 Medicare tax withheld 1462.07
GA 1926742-IZ		12a See instructions for box 12 C 44.84	10 Dependent care benefits	11 Nonqualified plans
15 State Employer's state I.D. No.		12b DD 14151.28	12c E 8570.48	
16 State wages, tips, etc. 92261.74		12d W 4600.00	13 Statutory emp. Retirement plan Third-party sick pay	14 Other
17 State income tax 4359.49		b Employer identification number (EIN) 58-1649541	a Employee's social security number 771-32-9832	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

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