d Control number	1 Wage	es, tips, other compensation	2 Federal income tax withheld	d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld		
90787 OMB NO. 1545-0008	0 0 1	22684.05 I security wages	1150.73	90787 OMB NO. 1545-0008	22684.05  3 Social security wages	1150.73		
OMB NO. 1545-0008	3 Socia	22684.05	1406.43		22684.05	1406.43		
	5 Medic	care wages and tips	6 Medicare tax withheld	This information is being furnished to the	5 Medicare wages and tips	6 Medicare tax withheld		
		22684.05	328.91	Internal Revenue Service.	22684.05	328.91		
c Employer's name, a PRIME HEA DALLAS ME 7 MEDICAL DALLAS TX	ALTHO EDICA L PAR	CARE SERVICES AL CENTER			ALTHCARE SERVICES EDICAL CENTER L PARKWAY	5		
7 Social security tips		8 Allocated tips	9	7 Social security tips	8 Allocated tips	9		
10 Dependent care ber	nefits	11 Nonqualified plans	12a See instructions for box 12	10 Dependent care ber	efits 11 Nonqualified plans	12a See instructions for box 12		
12b		12c	12d	12b	12c	12d		
G G G G G G G G G G G G G G G G G G G			byee's social security number	b Employer identificat	Coge	oloyee's social security number		
e Employee's name, a UMA YALAN	address an	ird-party 14 Other k pay d ZIP code	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	e Employee's name, s	sick pay '	318-08-8037		
FRISCO T	X 75	5034	if this income is taxable and you fail to report it.	FRISCO TX	75034			
2021	15 State	Employer's state I.D. No.	16 State wages, tips, etc.	2021	15 State Employer's state I.D. No.	16 State wages, tips, etc.		
W-2 Wage	and Ta ment	x 17 State income tax	18 Local wages, tips, etc.	W-2 Wage	and Tax 17 State income tax ment	18 Local wages, tips, etc.		
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	EMPLOYEE'S RECORDS 19 Local income tax 20 Locality name				19 Local income tax	20 Locality name		
(See Notice to Emback of Copy B.)	ployee o	n		FEDERAL Tax Return				
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d Control number	1 Wane	es, tips, other compensation	2 Federal income tax withheld	d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld		
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		22684.05	1406.43		22684.05	1406.43		
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c Employer's name, a	address and	22684.05 d ZIP code	328.91	c Employer's name, a	22684.05 ddress and ZIP code	328.91		
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7 Social security tips		8 Allocated tips	9	7 Social security tips	8 Allocated tips	9		
10 Dependent care be	nefits	11 Nonqualified plans	12a	10 Dependent care be	nefits 11 Nonqualified plans	12a		
12b		12c	12d	12b	12c	12d		
b Employer identifica	tion numbe 14596		oyee's social security number $318-08-8037$	b Employer identificat	459658	oloyee's social security number 318 - 08 - 8037		
13 Statutory Retirer employee plan	ment Th	nird-party 14 Other	310-00-0037	13 Statutory Retiren employee plan	nent Third-party 14 Other sick pay	310~00-0037		
UMA YALA	MANCH L PKV			UMA YALAI	MANCHILI L PKWY, APT 6201			
2021	15 State	Employer's state I.D. No.	16 State wages, tips, etc.	2021	15 State Employer's state I.D. No.	16 State wages, tips, etc.		
W-2 Wage	e and Ta	17 State income tax	18 Local wages, tips, etc.		e and Tax 17 State income tax ment	18 Local wages, tips, etc.		
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Department of the Treasury--Internal Revenue Service

d Control number 01023174	1 Wages,	tips, other compensation 24140.73	2 Federal income tax withheld	d Control number	1 Wages, tips,	other compensation	2 Federal income tax withheld	
OMB NO. 1545-0008	3 Social s	security wages	3122.61 4 Social security tax withheld	01023174 OMB NO. 1545-0008	3 Social securit		3122.61 4 Social security tax withheld	
	5 Medica	24140.73 re wages and tips	1496.73 6 Medicare tax withheld	This information is being furnished to the	5 Medicare was	24140.73	1496.73 6 Medicare tax withheld	
		24140.73	350.04	Internal Revenue Service.		24140.73	350.04	
c Employer's name, Kindred Health				c Employer's name,	thcare Operati			
	abCare C Street	Group of TX LLC			habCare Group h Street			
7 Social security tips		8 Allocated tips	9	7 Social security tips	8 All	ocated tips	9	
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12 C 2.98	10 Dependent care	benefits 11 N	lonqualified plans	12a See instructions for box 12 C C 2.98	
12b		12c	12d	12b	12c	1	12d	
b Employer identification number (EIN) 52-2085484 a Employee's			ree's social security number 318-08-8037	b Employer identification number (EIN) a Employee's social			yee's social security number 318-08-8037	
13 Statutory Retireme plan		d-party 14 Other		13 Statutory Retirement employee plan		14 Other	310-00-0037	
e Employee's name,		and ZIP code	This information is being	e Employee's name	address and ZI	P code		
Uma Yalaman 4770 Teel Park		6201	3002 Revenue Service. If you are required to file a tax	Uma Yalamar			3652	
Frisco TX 7503		0201	retum, a negligence penalty or other sanction may be imposed on you if this income is taxable	4770 Teel Par Frisco TX 7503				
5057	15 State E	Employer's state ID No.	and you fail to report it.  16 State wages, tips, etc.	5057	15 State Emplo	yer's state ID No.	16 State wages, tips, etc.	
CUCT				СОСТ				
W-2 Wage Staten	and Tax	17 State income tax	18 Local wages, tips, etc.	W-2 Wage	and Tax 17	State income tax	18 Local wages, tips, etc.	
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(See Notice to Emp		19 Local income tax		With Employee FEDERAL Tax		Local income tax	20 Locality name	
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				* *		Departmer	nt of the Treasury—Internal Revenue Service	
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	5 Medica	re wages and tips 24140.73	6 Medicare tax withheld 350.04		5 Medicare was	ges and tips 24140.73	6 Medicare tax withheld 350.04	
c Employer's name, Kindred Health				c Employer's name,				
	abCare G Street	roup of TX LLC		Agent for Reh 680 South 4th Louisville KY		of TX LLC		
7 Social security tips	3	8 Allocated tips	9	7 Social security tips	s 8 All	ocated tips	9	
10 Dependent care to	benefits	11 Nonqualified plans	12a 2.98	10 Dependent care	benefits 11 N	lonqualified plans	12a C 2.98	
12b	marar Izivii	12c	12d	12b	12c		12d	
<b>b</b> Employer identifica	ation numb	per (EIN) a Employ	vee's social security number 318-08-8037	b Employer identification	ation number (EI	N) a Emplo	yee's social security number 318-08-8037	
13 Statutory Retireme plan		-party 14 Other	010 00 0001	13 Statutory Retirement Plan		14 Other	310-00-0037	
I	1	,		i l				
		7D and		2	- dd and 71	Danda		
e Employee's name, Uma Yalamano		and ZIP code	3652	e Employee's name Uma Yalamai		r code	3652	
4770 Teel Parkway Apt 6201				7. (10.74)	kway Apt 620	1	0002	
Frisco TX 75034	4			Frisco TX 750				
5057	15 State [	Employer's state ID No.	16 State wages, tips, etc.	5057	15 State Emplo	yer's state ID No.	16 State wages, tips, etc.	
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W-2 Wage Staten Copy 2-To Be File	nent			W-2 Wage Stater Copy 2-To Be File	ment			
Employee's State, Local Income Tax	City, or	19 Local income tax	20 Locality name	Employee's State	, City, or 19	Local income tax	20 Locality name	
Local income Tax	netuin.			Local Income Tax				
		Department	t of the Treasury-Internal Revenue Service	-		Departme	nt of the Treasury-Internal Revenue Service	

	a Employee's social security number	OMB No. 154	5-0008	Safe, accurate, FAST! Use	Visit the IRS website at www.irs.gov/efile	
b Employer identification number (	318-08-8037	ONIB 140. 134	postal describe	ges, tips, other compensation	2 Federal income tax withheld	
	84-3683956		42263.30	THE MALE PROCESSION OF THE PROPERTY OF THE PARTY OF THE P		
c Employer's name, address, and ZIP code				cial security wages	4 Social security tax withheld	
Sana Healthcare Carrollton, LLC				42263.30	2620.32	
4343 N Josey Ln				edicare wages and tips	6 Medicare tax withheld	
Carrollton, TX 75010				42263.30 612.83		
			7 So	cial security tips	8 Allocated tips	
d Control number			9		10 Dependent care benefits	
e Employee's first name and initial	Last name	Suff.	11 No	nqualified plans	12a See instructions for box 12	
Uma	Yalamanchili				0 0	
4770 Teel Pkwy Apt 6201			13 Stat	utory Retirement Third-party	12b	
Frisco, TX 75034			emp	ployee plan sick pay	C C	
			14 Oth	ner	12c	
					12d	
f Employee's address and ZIP code						
15 State Employer's state ID numb		17 State incom	10 tov	18 Local wages, tips, etc.	19 Local income tax 20 Locality name	
TX TX	ei To State wages, tips, etc.	17 State incom	ie tax	Local wages, tips, etc.	19 Local income tax 20 Locality name	

Form W-2 Wage and Tax Statement



Department of the Treasury-Internal Revenue Service

Copy B-To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.