

d Control number 90787	1 Wages, tips, other compensation 22684.05	2 Federal income tax withheld 1150.73
OMB NO. 1545-0008	3 Social security wages 22684.05	4 Social security tax withheld 1406.43
	5 Medicare wages and tips 22684.05	6 Medicare tax withheld 328.91
c Employer's name, address and ZIP code PRIME HEALTHCARE SERVICES DALLAS MEDICAL CENTER 7 MEDICAL PARKWAY DALLAS TX 75234		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
b Employer identification number (EIN) 27-1459658		a Employee's social security number 318-08-8037
13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		
e Employee's name, address and ZIP code UMA YALAMANCHILI 4770 TEEL PKWY, APT 6201 6201 FRISCO TX 75034		
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 Employer's state I.D. No.	16 State wages, tips, etc.
Form W-2 Wage and Tax Statement		
Copy C For EMPLOYEE'S RECORDS		
(See Notice to Employee on back of Copy B.)		
17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

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19 Local income tax	20 Locality name	

16-0331690

Department of the Treasury--Internal Revenue Service

d Control number 90787	1 Wages, tips, other compensation 22684.05	2 Federal income tax withheld 1150.73
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c Employer's name, address and ZIP code PRIME HEALTHCARE SERVICES DALLAS MEDICAL CENTER 7 MEDICAL PARKWAY DALLAS TX 75234		
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Form W-2 Wage and Tax Statement		
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12b	12c	12d
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13 Statutory employee	Retirement plan	Third-party sick pay
14 Other		
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17 State income tax	18 Local wages, tips, etc.	
19 Local income tax	20 Locality name	

16-0331690

Department of the Treasury--Internal Revenue Service

d Control number 01023174	1 Wages, tips, other compensation 24140.73	2 Federal income tax withheld 3122.61
OMB NO. 1545-0008	3 Social security wages 24140.73	4 Social security tax withheld 1496.73
	5 Medicare wages and tips 24140.73	6 Medicare tax withheld 350.04

c Employer's name, address and ZIP code

**Kindred Healthcare Operating, LLC
Agent for RehabCare Group of TX LLC
680 South 4th Street
Louisville KY 40202**

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 2.98
12b	12c	12d

b Employer identification number (EIN) 52-2085484	a Employee's social security number 318-08-8037
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
Uma Yalamanchili **3652**
4770 Teel Parkway Apt 6201
Frisco TX 75034

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

d Control number 01023174	1 Wages, tips, other compensation 24140.73	2 Federal income tax withheld 3122.61
OMB NO. 1545-0008 This information is being furnished to the Internal Revenue Service.	3 Social security wages 24140.73	4 Social security tax withheld 1496.73
	5 Medicare wages and tips 24140.73	6 Medicare tax withheld 350.04

c Employer's name, address and ZIP code

**Kindred Healthcare Operating, LLC
Agent for RehabCare Group of TX LLC
680 South 4th Street
Louisville KY 40202**

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 2.98
12b	12c	12d

b Employer identification number (EIN) 52-2085484	a Employee's social security number 318-08-8037
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
Uma Yalamanchili **3652**
4770 Teel Parkway Apt 6201
Frisco TX 75034

2021	15 State Employer's state ID No.	16 State wages, tips, etc.
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Form W-2 Wage and Tax Statement Copy B-To Be Filed With Employee's FEDERAL Tax Return	17 State income tax	18 Local wages, tips, etc.
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OMB NO. 1545-0008	3 Social security wages 24140.73	4 Social security tax withheld 1496.73
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c Employer's name, address and ZIP code

**Kindred Healthcare Operating, LLC
Agent for RehabCare Group of TX LLC
680 South 4th Street
Louisville KY 40202**

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 2.98
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b Employer identification number (EIN) 52-2085484	a Employee's social security number 318-08-8037
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
Uma Yalamanchili **3652**
4770 Teel Parkway Apt 6201
Frisco TX 75034

2021	15 State Employer's state ID No.	16 State wages, tips, etc.
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Form W-2 Wage and Tax Statement Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	17 State income tax	18 Local wages, tips, etc.
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OMB NO. 1545-0008	3 Social security wages 24140.73	4 Social security tax withheld 1496.73
	5 Medicare wages and tips 24140.73	6 Medicare tax withheld 350.04

c Employer's name, address and ZIP code

**Kindred Healthcare Operating, LLC
Agent for RehabCare Group of TX LLC
680 South 4th Street
Louisville KY 40202**

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C 2.98
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b Employer identification number (EIN) 52-2085484	a Employee's social security number 318-08-8037
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13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
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e Employee's name, address and ZIP code
Uma Yalamanchili **3652**
4770 Teel Parkway Apt 6201
Frisco TX 75034

2021	15 State Employer's state ID No.	16 State wages, tips, etc.
-------------	----------------------------------	----------------------------

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

a Employee's social security number 318-08-8037		Safe, accurate, FAST! Use		 Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 84-3683956		1 Wages, tips, other compensation 42263.30	2 Federal income tax withheld 2954.48		
c Employer's name, address, and ZIP code Sana Healthcare Carrollton, LLC 4343 N Josey Ln Carrollton, TX 75010		3 Social security wages 42263.30	4 Social security tax withheld 2620.32		
		5 Medicare wages and tips 42263.30	6 Medicare tax withheld 612.82		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's first name and initial Uma 4770 Teel Pkwy Apt 6201 Frisco, TX 75034		Last name Yalamanchili		Suff.	
		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
f Employee's address and ZIP code				12d	
15 State TX	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	

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

2021

Department of the Treasury—Internal Revenue Service

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This information is being furnished to the Internal Revenue Service.